



MIAMI-DADE COUNTY
PUBLIC WORKS DEPARTMENT

ADOPT-A-ROAD PROGRAM
Group Registration Form

Name of Organization/Group: _____

Adopt-A-Road Coordinator: _____

Address: _____

Phone: _____ Home Phone: _____

Fax No.: _____ E-Mail: _____

Proposed months and dates for litter removal activities:

- 1 _____
- 2 _____
- 3 _____
- 4 _____

Please contact Mr. Dani Toranzo, Public Works, Community Image Division at (305) 322-8284 at least two weeks in advance of proposed litter removal activity date for supplies and scheduling of post litter bag removal. Safety items must be returned within 2 weeks of final litter removal activity date. I further acknowledge that I have participated in Miami-Dade County litter activity safety training and will supervise the group volunteers to insure that the cleanup is conducted in a safe and responsible manner.

Signature: _____ Date: _____
(sign)

(print)



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ADOPT-A-ROAD PROGRAM
Volunteer Names

1	_____	17.	_____
2	_____	18.	_____
3	_____	19.	_____
4	_____	20.	_____
5	_____	21.	_____
6	_____	22.	_____
7	_____	23.	_____
8	_____	24.	_____
9	_____	25.	_____
10	_____	26.	_____
11	_____	27.	_____
12	_____	28.	_____
13	_____	29.	_____
14	_____	30.	_____
15	_____	31.	_____
16	_____	32.	_____