



Instructions:

Send completed form to: Mollie Kortsen
mkortsen@eastvaleca.gov | 951.703.4476

Application Information			
Organization/Business Name:			
Primary Contact:			
Street Address:	City:	State:	Zip Code:
Phone:	Email:		
Age Range of Participants:			
Please list the Top Three (3) streets you wish to adopt:			
Please reference the Eligibility Map available on the City Website before noting your preference. <i>(Example: Schleisman Rd. From Archibald Ave. to Harrison Ave)</i>			
1)			
2)			
3)			
Name of Organization/Business as it is to appear on sign: <i>No phone numbers, logos or websites.</i>			
Acknowledgement:			
I hereby state that the information above is correct to the best of my knowledge and agree to all terms and conditions stated within the guidelines packet.			
Signature: _____		Date: _____	
<i>Staff Use Only:</i>			
Application Received: ___/___/___		Received By: _____	
Approved By: _____			

