



105 E. Center Street
Sikeston, MO 63801
573-471-2512
www.Sikeston.org

APPLICATION FOR ADOPT-A-ROAD PROGRAM

_____ will pick up litter on _____
(Name of Adopter) (Name of Street)

from _____ to _____ (intersecting streets; minimum half mile)
approximately every _____ months/weeks. Adopter will advise the City of Sikeston Street Department at 475-3732 twenty-four (24) hours in advance of doing any work on the right-of-way.

_____ will hold a safety meeting prior to each cycle of work and advise
(Adopter Representative)
the workers of the potential hazards of working on road right-of-way and insure that all workers vehicles will be parked beyond the roadway shoulders.

City of Sikeston's Street Department will provide necessary trash bags, and will pick up the filled trash bags. The Street Department will also provide identification signs at each end of the adopted area.

(Adopter Representative)

(Address, City, State)

(Phone Number)

(Date)

Please PRINT a message you would like on your sign (maximum 40 characters).

-----OFFICE USE ONLY-----

Approved by (Street Supervisor): _____

Effective Date: _____