

CITY OF PORTSMOUTH OHIO
APPLICATION FOR ADOPT-A-PARK PROGRAM

The City of Portsmouth will work with this group whom also agrees to adopt the specific park listed below. Please print all information below.

Organization Information:

Name of Organization

Date

Mailing Address

Daytime Phone

City and Zip Code

Email

Contact Person Information:

Contact Person's Name

Email

Mailing Address

Daytime Phone

City and Zip Code

Authorized Signature

Printed Name

Approximate number of people that will participate in the cleanup: _____

The name of the park that your group would like to adopt (in order of preference).

1. _____

2. _____

3. _____

Type of work the group will perform:

Please return this form to:
George James, Service Director
City of Portsmouth
55 Maryann Street
Portsmouth, Ohio 45662

Office Use Only

The City of Portsmouth recognizes the group _____
Name of the Group

As the adopting organization for _____
Name of the Park

And the group accepts the responsibility for providing services as identified in the application for a period
beginning _____, 20____, and ending _____, 20____.

Application Approved by:

George James, Service Director
City of Portsmouth, Ohio _____

Sam Sutherland, City Manager
City of Portsmouth, Ohio _____