

**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:**

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**Name of Organization**

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**Date**

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**Mailing Address**

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**Daytime Phone**

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**City and Zip Code**

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**Email**

**Contact Person Information:**

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**Contact Person's Name**

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**Email**

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**Mailing Address**

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**Daytime Phone**

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**City and Zip Code**

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**Authorized Signature**

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**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:**

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

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**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** \_\_\_\_\_