



Public Works Department  
PO Box 761, Smithfield, NC 27577  
919-934-2596

## Adopt-A-Street Program Application

Organization/group: (As requested to \_\_\_\_\_  
appear on the signs)

Please describe your organization: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Section of Roadway Requesting to adopt: \_\_\_\_\_

Months scheduled to perform the litter pickup: (minimum 2 pick-ups per year)

\_\_\_\_\_  
\_\_\_\_\_

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Please note the following guidelines and recommendations: (Upon request, vests and gloves will be provided by the Town. The Town will also provide the signs at no cost provided the applicant guarantees a minimum of two years participation, otherwise the applicant will reimburse the city for all signs.)

- Light colored clothing
- Work facing traffic (one side of the road only)
- Wear sunscreen
- Pick-up only during daylight hours in good weather
- Wear closed-toe shoes
- Wear long pants
- No headphones
- No work around bridges or work zones

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Items you don't pick-up:

- Broken glass
- Chemicals
- Dead animals
- Medical items
- Weapons
- Toxic substances

\*\*If these items are identified, please contact the Public Works Department for proper disposal\*\*

Please list the participants along with their signatures that will assist in the litter pick-up. Persons must be at least 12 years old and children 12 – 17 must be supervised by an adult who is at least 21 years of age. Parent or Guardian of Children 12 – 17 must complete a Youth Participation Release Form prior to the event. Each adult can supervise up to 6 children only and must stay in close vicinity of the group.

**By my signature I release the Town of Smithfield from any liability or responsibility for any injuries or damages I may cause or suffer as a result of participation in the Adopt-A-Street program.**

Print name

Signature

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

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Contact Information:

Full Name: \_\_\_\_\_

Address and Phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

Date Submitted \_\_\_\_\_

OFFICE INFORMATION

GROUP NAME: \_\_\_\_\_ Date OK \_\_\_\_\_

Please return completed form to Lawrence Davis, Public Works Director, at [lawrence.davis@smithfield-nc.com](mailto:lawrence.davis@smithfield-nc.com) or PO Box 761, Smithfield, NC 27577.