

**City of North Port
Adopt-a-Street Program
Application**

General Information

Date of Application: _____

Group Name: _____

Group Address: _____

Contact Person Name and
Phone Number: _____

Alternate Contact Person
Name and Phone Number: _____

Street Information

The length of street you adopt should be a minimum of one-half mile. If you are unsure about which street(s) to adopt, contact the Adopt-a-Street Coordinator for assistance.

Street Name _____

From Street Name
(starting point) _____

To Street Name (end
point) _____

Mileage of street
adopted _____

Anticipated number of
participants at any
cleanup: _____

***Return Completed Form
via mail, e-mail or fax
to:***

City of North Port Department of Public Works
Attention: Adopt-a-Street Coordinator
1100 N. Chamberlain Boulevard
North Port, FL 34286
e-mail: mbrush@northportfl.gov
fax: (941) 240-8063