BROOKS COUNTY
ADOPT-A-Road PROGRAM
P.O. BOX 272 / 610 S. HIGHLAND STREET
QUITMAN, GA 31643

Permit No. _____

Adopt-A-Road Permit Application

Please print legibly in ink and mail to the above address or fax to us at: (229) 263-5561

Request *(check one)* New Renew Permit No. Date _____

APPLICANT INFORMATION	ORGANIZATION OR APPLICANT				APPLICATION DATE
	PRIMARY CONTACT NAME		ALTERNATE CONTACT NAME		
	PRIMARY CONTACT PHONE		ALTERNATE CONTACT PHONE		
	ADDRESS		ADDRESS		
	CITY, STATE, ZIP		CITY, STATE, ZIP		
	E-MAIL ADDRESS		E-MAIL ADDRESS		
LOCATION INFORMATION	COUNTY ROUTE NUMBER		ROAD NAME		
	STARTING Address	CLOSEST CROSS STREET (Distance and Direction from Site)			
	ENDING Address	CLOSEST CROSS STREET (Distance and Direction from Site)			
WORK INFORMATION	WORK TO BE PERFORMED BY: ☐ VOLUNTEERS ☐ CONTRACT FORCES				
	EXPECTED AVERAGE NUMBER OF WORKERS		NUMBER OF YEARS GROUP HAS VOLUNTEERED		
	EXPECTED DATES OF PICKUP (Enter one date for each period)				
	YEAR ONE				
	APRIL	JUNE/JULY	AUGUST/SEPT	OCT/NOV	OPTIONAL
	YEAR TWO				
	APRIL	JUNE/JULY	AUGUST/SEPT	OCT/NOV	OPTIONAL

The group acknowledges the conditions of the work, agrees to the terms and conditions set by the Brooks County Road Department, and agrees to hold Brooks County, its agents or employees harmless from any and all claims or actions resulting from the Adopt-A-Road Program.

_____ _____
Authorized Signature Date

_____ _____
Printed Name Title