

Adopt - A - Garden Program Application

Name of Individual/Family: _____

or

Name of Organization/Group: _____

Address: _____

Phone Number: _____

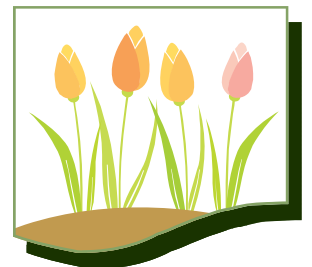
E-mail: _____

Requested Garden (location): _____

Proposed Period of Adoption (check applicable box):

2 years More than 2 years - # of years _____

Experience Gardening – years (optional): _____



For Office Use Only

- Application received _____
- Application reviewed and approved by Public Works _____
- Term of Contract 20__ to 20__