## **County of Sacramento**



## **Adopt-A-Street Application**

Name of Organization	Date of Application
Mailing Address	
City, State, Zip Code	
Name of Contact	Telephone
Name of Alternate Contact	Alternate Telephone
Mailing Address, City, State, Zip Code	
Street Section you are interested in adopting. I from/to.	List in order of preference. Please specify limits
1	
2	
3	
Sacramento, its Board of Supervisors, office from and against any and all claims, demand expenses, including reasonable attorne	I to indemnify and hold harmless the County of ers, directors, agents, employees, and volunteers ands, actions, losses, liabilities, damages, costs, ys' fees and damages of any nature whatsoever f or resulting from the performance or non-
Signed Authorized Signature of Adopting O	rganization Date
Aumorized Signature of Adopting O	i gamzanon Date