



# Adopt-a-Block

## Application / Show of Interest

Today's Date: \_\_\_\_\_ Your Name: \_\_\_\_\_ Contact No. \_\_\_\_\_

Area you wish to adopt: \_\_\_\_\_

Are you the Primary Contact for this group or individual? \_\_\_yes \_\_\_no.

If not, name the Primary Contact: \_\_\_\_\_ Contact No. \_\_\_\_\_

Group / Entity Name: \_\_\_\_\_

Please check all that apply.

Resident  Non-profit  Individual  Sorority   
 Business  Faith based  Fraternity  Community Based

Other (describe): \_\_\_\_\_

Why do you want to participate in the Adopt-a-Block program? \_\_\_\_\_

Please list all participants in the program:

Name	Address	Email	Age/DOB if under 18
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Add additional names to *Supplemental Application* form. Supplemental Application form attached? \_\_\_ yes \_\_\_ no.

\*\*\*We appreciate your understanding that by becoming a participant in the City of Hayward, Keep Hayward Clean and Green, Adopt-a-Block Program you agree to maintain a litter and graffiti free area by performing and/or reporting the following tasks (***please check the tasks you would like to perform***):

Litter

You must agree to **Report Blight** Conditions.

Graffiti Removal

By Phone

By Internet

<http://www.ci.hayward.ca.us/>

(Access Hayward)

You will be contacted within 48 hours.