



## Application

Name of Adopting Group or Individual							
Group Coordinator Name							
Mailing Address						Apartment/Unit #	
City		State		ZIP			
Phone		E-mail Address					
Number of participants in your group							
Please specify the area(s) you would like to adopt in order of preference.		Option 1.					
		Option 2.					
<ul style="list-style-type: none"> <li>• I would like to have my name listed on the Village website in recognition of my efforts</li> </ul>							
<p>I/we recognize the need and desirability of a litter-free Brookfield and am/are committed to picking up litter in my/our designated area for a period of (please select) _____ one year or _____ three years beginning each April. I/we agree to conduct cleanups at a minimum of six (6) times a year.</p> <p>I/we have read and understand the Adopt-A-Spot Program Guidelines and will abide by them and any other requirements of the Village of Brookfield for participation in the Adopt-A-Spot Program.</p>							
Signature of group's authorized representative or individual volunteer							
Print Name						Date	

**RETURN THIS APPLICATION WITH YOUR APPROPRIATE WAIVER(S) TO:**

Brookfield Beautification Committee  
 8820 Brookfield Avenue  
 Brookfield, IL 60513

For questions please email [brookfieldbeautification@brookfieldil.gov](mailto:brookfieldbeautification@brookfieldil.gov)