

PERMIT NUMBER

ADOPT-A-HIGHWAY PROGRAM PERMIT RENEWAL OR CANCELLATION



Thank you for participating in Oregon's Adopt-A-Highway Program. Your efforts to help keep our highways clean and attractive are appreciated by the Oregon Department of Transportation and the traveling public.

• If Section A has been checked, please fill in the appropriate information and return this form to ODOT.

BEGINNING MILE POST

• If Section B or C has been checked by ODOT, no further action on your part is necessary.

ROUTE NUMBER AND HIGHWAY NAME

Applicant:			
Section A - Ann	licant Renewal Optic	ın	
	-	y Program permit will expire on	
			n this Program and return the for
	•	·	later than
•	•		nt with the new expiration date of
Yes, I/we wo	uld like to renew my/ou	r participation in the Adopt-A-H	ighway program.
☐ No, I/we wou	Id like to discontinue m	ny/our participation in the Adopt-	-A-Highway program.
APPLICANT OR REPRESE		APPLICANT OR REPRESENTATIVE SIGNAT	
PHONE	E-MAIL (OPTIONAL)	X	
PHONE	E-MAIL (OPTIONAL)		
Section B – Can	cellation of Permit by	y ODOT	
Your Adopt-A-Hig	hway Program is bein	g cancelled as of	for failure to comply with
the terms of the A	Adopt-A-Highway Prog	ram. Our records indicate that y	ou or your group:
☐ has not perfo	rmed services describ	ed in the permit.	
other:			
Section C – Can	cellation of Permit by	y Applicant	
Your Adopt-A-Hig		g cancelled as of	
		, ,	our participation in this Program.
DISTRICT MANAGER OR I	REPRESENTATIVE NAME	DISTRICT MANAGER OR REPRESENTATIV	VE SIGNATURE DATE
PHONE	E-MAIL (OPTIONAL)		
MAILING ADDRESS		CITY	STATE ZIP
	plicant, District AAH Coord		ENTERED IN UPERMITS