

ADOPT-A-SPOT AGREEMENT

The Office of Litter Prevention & Recycling, hereinafter called the Office, and the volunteer group named _____, hereinafter called the Group, in order to preserve and enhance the natural beauty and cleanliness of the City of Perrysburg, agree to the following:

1. The Group shall adopt the area of: _____ for the purpose of collecting litter and beautification projects for a four year period, beginning _____ and ending _____.
2. The Group shall pick up litter at the adopted spot a minimum of four times per year, with special weekly attention during the months of April through November.
3. The Group agrees to assume liability stemming from work on the adopted spot, and to require all participants to sign a hold harmless agreement.
4. The Group agrees to follow sound safety procedures and to provide adequate supervision for all persons under the age of 18.
5. The Group agrees to notify the Office of the location of collected litter and debris immediately after each cleanup. The Group shall not remove hazardous materials or dead animals, but shall inform the Office of the location.
6. The Group agrees to return safety vests and other equipment within two working days after the cleanup.
7. The Office agrees to provide a sign at the site to identify the Group as participating in the Adopt-A-Spot Program.
8. The Office agrees to provide safety vests and trash bags. These supplies will be available at Street Division, 11980 Roachton Road, between the hours of 7:00 am and 3:30 pm, Monday through Friday or at other times by special arrangements.
9. The Office agrees to remove bagged litter, debris, hazardous materials and/or dead animals, on a workday, as soon as possible after being notified by the Group.

Signed, this _____ day of _____, 20__.

_____ Authorized Signature for Group

_____ Printed Name and Title

_____ Group Contact Person

_____ Group Contact Person Address

_____ Group Contact Person Phone (day)

_____ Group Contact Person Phone (night)

_____ Office of Litter Prevention & Recycling
Program Coordinator signature

_____ Director of Public Service signature