

**CITY OF PERRYSBURG DEPARTMENT OF PUBLIC SERVICE**

11980 Roachton Road | Perrysburg, OH 43551 | Office 419 872 8020 | [www.ci.perrysburg.oh.us](http://www.ci.perrysburg.oh.us)

**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:

The Group shall adopt the area of: \_\_\_\_\_ for the purpose of collecting litter and beautification projects for a four year period, beginning April 1, 20 \_\_\_\_ and ending March 31, 20 \_\_\_\_ and renewable yearly.

- 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.
- The Group agrees to assume liability stemming from work on the adopted spot, and to require all participants to sign a hold harmless agreement.
- The Group agrees to follow sound safety procedures and to provide adequate supervision for all persons under the age of 18.
- 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.
- The Group agrees to return safety vests and other equipment within two working days after the cleanup.
- The Office agrees to provide a sign at the site to identify the Group as participating in the Adopt-A-Spot Program.
- The Office agrees to provide safety vests and trash bags. These supplies will be available at the Department of Public Service, 11980 Roachton Road, between the hours of 7:00 am and 3:30 pm, Monday through Friday or at other times by special arrangements.
- 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\_\_\_\_\_.

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Authorized Signature for Group

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Printed Name

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Group Contact Person Address

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Director of Public Service

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Program Coordinator