



The City of New Smyrna Beach
ADOPT A PARK APPLICATION FORM

ORGANIZATION/GROUP LEADER INFORMATION:

Organization or Group Leader Names: _____

Primary Contact Person: _____

Secondary Contact Person: _____

Mailing Address: _____

Telephone: _____ Cell: _____ Email: _____

PARK ADOPTION INFORMATION:

Park Requested: _____

Alternate Park: _____

Proposed Start Date: _____ Planned Schedule: _____

Approximate Number of Participants: ____ Number of Adults: ____ Number of Minors: ____

GROUP SIGNS:

Adopt-A-Park groups are eligible for a sign with their group name in their designated park that they keep clean. If you are interested in a sign for your designated park, it will be posted by our department in a location appropriate for existing conditions. If you DO NOT wish to have a sign, please initial here: _____

APPLICANT STATEMENT:

On behalf of _____ (Group), I have read and agree to the procedures for the City of New Smyrna Beach's Adopt-A-Park Program. I understand the hazardous nature of the work that is to be performed and take responsibility for the group's participation in the program. I also agree to notify the City of any changes in the contact information or if a new contact person assumes responsibility for the group. I understand members of my group may be subject to criminal history background check.

APPLICANT SIGNATURE:

TITLE: _____ DATE: _____

RECOMMENDED: () APPROVAL () DISAPPROVAL _____

Maintenance Operations Director: _____

Please return completed application form to: Faith Miller, Maintenance Operations Director
124 Industrial Park Avenue
New Smyrna Beach, FL 32168

For information/questions, call 386-424-2202 or email: fmiller@cityofnsb.com