



APPLICATION

To be filled out by Adopting Group: (Please Print)

Adopting Group or Individual: _____

Exact Name to Appear on Sign: _____

Team Leader: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Daytime Phone: _____ Evening Phone: _____

E-mail Address: _____

Anticipated Number of Participants: _____

Desired Adopt-A-Spot Type:

- Rain Garden**-(every other week)
(Requires litter removal, weeding, replanting, re-mulching)
- Flower Beds**-(weekly)
(Requires litter removal, weeding, replanting, and dead-heading)
- Block**-(monthly)
(Requires litter removal, debris removal)

Upon approval, I agree to adopt and maintain an Adopt-A-Spot location for a one-year period.

Applicant Signature: _____ Date: _____

Mail this completed form to: Mj Haynes
Adopt-a-Spot Coordinator
Downtown Lansing Inc.
401 S. Washington Sq., Ste. 101
Lansing, MI 48933

E-mail form to: mj@downtownlansing.org

Fax: 517.483.6057

Phone: 517.483.4563

