



ADOPT-A-STREAM PROGRAM

CITY OF BELTON
520 Main Street
Belton, MO 64012
816-331-4331
www.belton.org

Form 1: Application and Agreement

As stewards of the City of Belton's water resources, we request permission to adopt a _____ mile segment of _____ located in the City in the _____ watershed.

Location Description (please provide map, if available)

Name of Adopting Organization/Group _____

Organization/Group Address _____

Has the Organization/Group Volunteered with City before? Yes No

Number of Stream Clean-Up Events per Year (One Required/Two Recommended) _____

Volunteer Group Leader (primary) _____

Street Address _____ City _____

Zip _____ Telephone Number (daytime) _____

E-mail Address _____

(Secondary) Street Address _____ City _____

Zip _____ Telephone Number (daytime) _____

The work will be performed under and in accordance with the City of Belton Adopt-A-Stream Program General Conditions and Safety Guidelines incorporated herein by reference. Applicants to whom an Adopt-A-Stream Program Designation and Agreement are issued shall at all times indemnify and save harmless the City of Belton and City of Belton employees, agents, and officials from responsibility, damage, or liability arising from the exercise of the privileges granted under designated programs. The Agreement may be terminated by the City at any time. The City reserves the right to revise or discontinue the Adopt-A-Stream Program at any time.

As a Volunteer Group Leader of _____, I have read, understand, and shall comply with the Adopt-A-Stream Program conditions and safety guidelines regarding participation in the program.

Signature _____ Date _____

Mail to: _____