



**City Of Laconia, New Hampshire
Adopt A Road Program
Application**

Please print your group/organization's name as you would like it to appear on the road sign: _____

Name of Group/Organization Contact Person: _____

Address of Contact Person: _____

Phone Number of Contact Person: _____

Email address: _____

Number of Members participating in Adopt A Road Program: _____

Age of person(s) under 18 years old: _____

Type of Group/Organization: (Non-profit, business, school, scouts, etc...): _____

List the road(s), street(s) or area(s) that you or your group/organization is interested in adopting: _____

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Minimum number of miles to be adopted: _____

Applications received by the City of Laconia shall be reviewed without regard to the race, color, creed, sex, national origin, age (except as noted in TRA 308.07 (a)(7), mental or physical disability), marital status, or social affiliation of the applicants.

Area to be adopted: _____

Sign(s) Posted: _____

Date: _____

Location of sign(s): _____

Date Sign(s) Removed: _____

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