City of Colorado Springs
Adopt-A-Waterway Program
Enrollment

It's up to each of us to keep our waters clean…

Adopting Organization Information

1. Adopting Organization Name (Please Print): _____

2. Approximate number of organization volunteers: _ _____

3. Name of Designated Representative (Please Print): _____

Home (Check One): □ Phone □ Mobile Number: _____

Work (Check One): □ Phone □ Mobile Number: _____

E-mail address: _____ Fax No.: _____

4. Address (Please Print): _____

Street City Zip

5. Name of Alternate Contact Person (Please Print): _____

Home (Check One): □ Phone □ Mobile Number: _____

Work (Check One): □ Phone □ Mobile Number: _____

E-mail address: _____ Fax No.: _____

6. Address (Please Print: _____

Street City Zip

Adoption Information

1. Name of Waterway: _____

2. Location: _____

3. Planned waterway activities: (please check all that apply)

☐ Trash pickup Other (Please Specify:

Statement of Agreement

I have read and agree to abide by the policies and regulations as put forth by the City of Colorado Springs Stormwater Drainage Department with regard to its Adopt-A-Waterway Program. As the Adopting Organization's Designated Representative, I am responsible for informing the members of the organization of all risk and release provisions. All member volunteers are required to understand and agree with each of the Volunteer Acknowledgment of Risk and Release provisions.

_____

Signed Date