



MENDOCINO COUNTY DEPARTMENT OF TRANSPORTATION
SOLID WASTE DIVISION
ADOPT-A-CAN PERMIT APPLICATION

PERMIT NUMBER	DATE OF APPLICATION
COUNTY ROAD NO.	TRASH CAN ID

FOR COUNTY USE

PERMISSION IS REQUESTED TO ENCROACH ON THE COUNTY HIGHWAY RIGHT OF WAY AS FOLLOWS:

Complete all items, use N/A if not applicable

Application is not complete until all required attachments are included

APPLICANT INFORMATION	ORGANIZATION OR APPLICANT	
	NAME OF RESPONSIBLE PERSON	
	ADDRESS (MAILING)	
	CITY, STATE, ZIP CODE	
	TELEPHONE NUMBER	
LOCATION INFORMATION	GENERAL LOCATION	
	TRASH CAN NUMBER	INTERSECTION/NEAREST INTERSECTION
	NEAREST BUSINESS	
	PORTION OF RIGHT OF WAY <input type="checkbox"/> ROADSIDE	
WORK INFORMATION	TO BE PERFORMED BY <input type="checkbox"/> VOLUNTEERS <input type="checkbox"/> OWN FORCES <input type="checkbox"/> CONTRACT FORCES	
	TYPE OF WORK <input type="checkbox"/> LITTER REMOVAL	
	ESTIMATED STARTING DATE	NOTE: PERMIT EXPIRES TWO (2) YEARS AFTER ISSUE DATE

USE THIS SPACE FOR REMARKS:

AUTHORIZED SIGNATURE THE UNDERSIGNED AGREES THAT THE WORK WILL BE DONE IN ACCORDANCE WITH PUBLIC RULES AND REGULATIONS AND SUBJECT TO INSPECTION AND APPROVAL

AUTHORIZED SIGNATURE

PRINTED NAME	TITLE
DAYTIME PHONE NUMBER	EMERGENCY PHONE NUMBER