



CITY OF BEND

Bend Beautification Program Application

Date Received _____

Locate # _____

Contact person _____

Name of organization (if applicable) _____

Daytime phone _____ Evening phone _____

Mailing address _____

City, State, Zip _____

E-mail address _____

Are any volunteers below 18 years of age? Yes No (Circle one)

Age range of minors: _____

Approximate number of people participating in clean-up effort: _____

Volunteers are encouraged to adopt a minimum of a one block area:

Please note: Medians and RAB's can only be beautified during the business hours of 7am and 3:30 pm as a Public Works Employee must be on site during clean up.

Minors are prohibited from participating in median and RAB activities.

Road or neighborhood you are interested in adopting: _____

Location of city property or street, median or RAB location (include cross streets if possible)

Are you available to clean-up elsewhere if needed: _____

Traffic review (for office use only):

Approval:

Please mail, fax or e-mail this form to:

City of Bend, Bend Beautification Program

Attn: Cheryl Howard

710 NW Wall Street, Bend OR 97701

Telephone: 541. 388.5579 • Facsimile: 541.385.6676 • E-mail: choward@bendoregon.gov