Application for Participation ☐ or Renewal ☐

Check one box

The Montana Department of Transportation will work with the adopting group to determine the specific section of roadway to be adopted. Such factors as width of right-of-way, geometrics, congestion and reduced sight distance of roadway may be considered by the Department in determining what highways shall be eligible for adoption.

Name of Organization _____

Name of Adopt A Highway Leader _____

President, Chairman, Etc. _____

Mailing Address _____

Mailing Address _____

City, State, Zip _____

City, State, Zip _____

Day Phone _____ Evening Phone _____

Approximate number of people participating in each cleanup: _____

Your Organization's name on Adopt A Highway sign:

In the blanks, fill in the name of your organization. Please limit the name to the number of blanks shown. (The Department reserves the right to approve abbreviations.)

Highway section you are interested in adopting, in priority order:

	Route/Description	***Mileposts***	
		From	***To***
1			
2			
3			

Authorized Signature _____

Date _____

Mail this form to: Montana Department of Transportation

Attention: _____

Mailing address: _____

_____

_____

Adopt A Highway

Form # AH-2
Stock # 3255-3502

RW:Q:MTC:10.cm-6