



# CITY OF MORRO BAY

# ADOPT MORRO BAY APPLICATION

Public Works Department  
955 Shasta Avenue  
Morro Bay, CA 93442  
(805) 772-6263

APPLICANT INFORMATION			
Name of Applicant (Organization, Business, Group, Individual):	Daytime Phone:		
Name of Contact Person for Applicant:	Daytime Phone:		
Street Mailing Address:			
Email Address:			
Number of Participants in Group:			
PUBLIC AREA REQUESTED (see list of available public areas for adoption)			
First Choice:			
Second Choice:			
Third Choice:			
Multiple Locations: If Applicant would like to adopt more than 1 location, please attach a list of requested locations to adopt.			
ACTIVITIES TO PERFORM			
Please describe the activities you would perform:			
<input type="checkbox"/> Litter collection	<input type="checkbox"/> Other (please describe) _____		
<input type="checkbox"/> Weed removal			
<input type="checkbox"/> Planting/maintenance of landscaped areas	_____		
<input type="checkbox"/> Visual inspection of trash/recycling containers and benches for damage or vandalism	_____		
LENGTH OF ADOPTION REQUESTED			
<input type="checkbox"/> One Year	<input type="checkbox"/> Two Years	<input type="checkbox"/> Three Years	<input type="checkbox"/> Other (specify) _____
For Department Use Only			
Location is: Approved <input type="checkbox"/> for: First Choice <input type="checkbox"/> Second Choice <input type="checkbox"/> Third Choice <input type="checkbox"/> Rejected <input type="checkbox"/>			
Location Approved/Rejected by:			

Except to the extent provided in the LIABILITY COVERAGE provision below, the Applicant, by signing below, hereby agrees to indemnify, defend and hold harmless the City and each of its officers, agents and employees against any and all claims, demands, causes of action, judgments, damages, costs and liabilities, including reasonable attorneys' fees and court costs, directly or indirectly resulting from or caused by any act or omission of the Applicant or any of its officers, employees or agents, related any Adopt Morro Bay Program activity.

LIABILITY COVERAGE: I understand the City is self-insured through the CJPIA for liability coverage. Volunteers performing within the scope of their volunteered duties, as accepted by the City, are afforded the same coverage as City employees under the City's liability coverage with CJPIA. I am fully aware a volunteer's intentional misconduct is not protected or covered by the City or CJPIA.

APPLICANT'S SIGNATURE: (If Applicant is a Corporation, 2 officer's signatures are required) I hereby certify I represent the Applicant and am authorized to sign.	DATE:
APPLICANT'S SIGNATURE: I hereby certify I represent the Applicant and am authorized to sign.	DATE:

