

Adopt-A-Stream

Application for Local Program Designation and Agreement

As stewards of the Commonwealth's water resources, we *request permission to adopt a _____ mile segment of _____ located in _____ County, in the _____ watershed.*
Location Description (Please provide county road map, if available): _____

Name of Adopting Organization: _____

Number of stream cleanups per year (*one required/two recommended*): _____

Designated Representative (**Primary**) _____

Street Address _____

City _____

State _____ Zip _____

Telephone Number (*daytime*) _____

Email Address _____

Designated Representative (**Secondary**) _____

Street Address _____

City _____

State _____ Zip _____

Telephone Number (*daytime*) _____

Email Address _____

The work will be performed under and in accordance with the Virginia Adopt-A-Stream Program Conditions and Safety Guidelines, incorporated herein by reference.

Applicants to whom a Virginia Adopt-A-Stream Program Designation and Agreement are issued shall at all times indemnify and save harmless the Virginia Department of Conservation and Recreation, the Commonwealth of Virginia, and all Commonwealth employees, agents and officers, from responsibility, damage, or liability arising from the exercise of the privileges granted under designated programs. The Program Designation and Agreement may be terminated by the Virginia Department of Conservation and Recreation at any time. The Department reserves the right to revise or discontinue the Virginia Adopt-A-Stream Program at any time.

As a designated representative of, _____ I have read, understand, and shall comply with the Adopt-A-Stream Program conditions and safety guidelines regarding participation in the program.

Signature _____

Date _____

Mail or Fax to:

**Kelly Jimenez (kellyjimenez@pwsacd.org)
13061 Fitzwater Dr. , Nokesville, VA 20181
(703) 594-3621 FAX (703) 594-2998**