

**MACOMB COUNTY DEPARTMENT OF ROADS
ADOPT-A-COUNTY ROAD PROGRAM**

DATE: _____

GROUP NAME:

2 lines, 20 characters per line (including spaces)

CONTACT PERSON: _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

TELEPHONE - Work: _____ **Cell:** _____

EMAIL: _____

ROAD: _____ **FROM:** _____

TO: _____ **TOTAL DISTANCE:** _____

Please fax to (586)463-4266 or E-Mail to Adopt@rcmcweb.org