

ADOPT-A-SPOT APPLICATION &
RENEWAL FORM

Approval Date:
Spot Number:
(Office Use Only)

2026

Spot # Request _____ (Please check attached map for your garden spot number)

Contact Person: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Email: _____



Please List a Second Contact Person

Contact Person: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____

Email: _____

I acknowledge that I have read and will abide by the rules.

Signature: _____