



**2019
Monroe County Road Commission
Adopt-A-Road Program**

Application & Right-of-Way Permit

Applicant (Name of Organization/Company/Group) Please Print or Type

Mailing Address, City, State, Zip

Contact Person

E-Mail Address

Daytime Phone

Fax Number

Requested Road Name

Township

Between

And

Organization/Name as it is to appear on the sign

I Hereby Certify, as an authorized agent for the abovementioned organization, we accept and will comply with the permit conditions of this application.

Applicant/Authorized Agent (Signature)

Date

This permit valid only when signed by an agent of the Monroe County Road Commission

This permit is valid only to the end of the year it was approved.

For the Monroe County Road Commission – Do not write below this line

Date of Approval: _____

Return to:

840 S. Telegraph Rd.
Monroe , MI 48161

Email:

reception@mcrc-mi.org

Approved by: _____

Adopt-A-Road Coordinator
Monroe County Road Commission

Fax:

734-240-5101

Cc: MCRC Sign Shop
Applicant