



**2020**  
**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](mailto:reception@mcrc-mi.org)

Approved by:

Adopt-A-Road Coordinator  
Monroe County Road Commission

Fax:

734-240-5101

Cc: MCRC Sign Shop  
Applicant