

APPLICATION

**TOWN OF CALLICOON
ADOPT A ROAD PROGRAM**

NAME: _____

ADDRESS: _____

PHONE: _____

Name of Road you wish to Adopt: _____

1. First, notify the Town Clerk of your desire to adopt a road by filling out this application and the attached general release form for the Town of Callicoon Adopt A Road Program. The Town Clerk will let you know if the road you wish to adopt is open for adoption.
2. After your completed application is received, the Town Clerk will submit your application to the Town Board for its approval.
3. Thank you for making this commitment to adopt a Town or County Road. The Town will be a better place to live because of the efforts of people like you.
4. You can adopt a Town Road up to a two mile section of a Town/County Road for a two year period. We encourage you to walk your road or section at least four times a year at a minimum.
5. The trash you pick up must be sorted in accordance with the County's recycling regulations.
6. You may take your roadside trash to Jeff Sanitation, Rt. 52, Kohlertown, NY at no charge. Your name will be added to the Town's current list.

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- 7. If you intend to dispose of the trash through your commercial curb side pick-up, the choice of bags is yours. So is the cost of pick-up.
- 8. Please be careful walking the road as it can be dangerous out there. Remember, you are now an adoptive parent so to speak. Your road needs you.
- 9. A sign will be provided for your road.

I have read the above instructions and wish to adopt the above-mentioned road.

Date: _____
_____ Applicant's Signature

For Office use only:

Date Received: _____

Date submitted to Board: _____

Date of Board's Approval: _____

Date Highway Superintendent notified: _____

Additional Comments _____

**ADOPT A HIGHWAY
GENERAL RELEASE**

I, _____ of _____, New York,
in consideration of \$1.00, payment of which is hereby waived, and other good and valuable
consideration given by the **Town of Callicoon**, for myself and my representatives in any
capacity release and discharge the **Town of Callicoon** and its officers and employees, their
representatives, successors and assigns from all causes of action, controversies, claims,
judgments or liabilities I may now have or may hereafter have against said **Town of
Callicoon** pursuant to Section 277 of the General Municipal Law of the State of New York.

IN WITNESS WHEREOF, I have executed this release on _____

Applicant's Signature

State of New York)
County of Sullivan)

On _____, _____, before me personally came
_____ to me known to be the individual described in and who
executed the foregoing instrument, and acknowledged that (he, she) executed the same.

Notary Public