

Planning District:

Neighbourhood Group Application

Name of Group/Organization

If you are a group of neighbours indicate "neighbours of..." state street name or neighbourhood)

Primary Contact Information		
First Name Last Name Address Postal Code Daytime Phone Number		
Cell Phone Number Email Address		
Alternate Contact Name Alternate Contact Phone Alternate Contact Name Alternate Contact Phone		
Size of your group	□ 5—15	□ 16—25 □ 26-50 □ 51+
Park Location		
Which Park would you like to a	idopt?	
For larger parks please indicate the park you would like to ado		
		a minimum of two clean-up days per year for at least two to be involved in the park maintenance?:
 Regular litter pick up Park planting Reporting hazards within t Raise funds for new ameni 	•	□ Additional clean up days□ Watering and caring for new trees□ Graffiti clean-ups□ Other
Agreement		
	e above name pa	ame of group) agrees to work in collaboration with the City of Londo ark. Training and supplies will be provided by the City of London
Our group will conduct a minimu	ım of two clean-ı	up days per year for a minimum of two years.
Signature of Primary contact:		Signature of Alternate contact:
	<u>For</u>	Office use only
Application Date Received: Application Date Approved: Ward: Planning District:		Site Visit: Agreement signed: Training Completed: