

APPLICATION FORM

Date_____

I/we request permission to adopt a bike path in _____ County located at:

(the bike path must be state-owned)

We agree that work will be performed under and in accordance with the Delaware Department of Transportation's AABP conditions attached to this application and incorporated herein by reference.

We further agree that upon approval, each participating member of our organization, for themselves, shall at all times indemnify and save harmless the Delaware Department of Transportation (DelDOT) and DelDOT employees, agents and officers from responsibility, damage or liability arising from the exercise of the privileges granted in such applications.

We further agree that this application may be terminated by DelDOT at any time DelDOT determines that, in its opinion, the applicants do not comply with the conditions of this program or at any time the applicants' work under this program is unsafe or causes a conflict with traffic. The Department reserves the right to revise or discontinue this program at any time.

PLEASE PRINT

Name_____ Signature_____

Address_____

Phone (H)_____ (W)_____

The posted sign will say:

Bike Route Adopted By

(Name to appear on sign)

(limit 50 spaces, including punctuation and spaces)

If someone calls about your group, would you like your phone number released?

FOR OFFICE USE ONLY

The undersigned hereby accepts the above organization's agreement for the adoption of a bike path located at _____.

District Engineer

Date

cc: Sign Shop
Office of Public Relations

Sponsor Code