

**MACOMB COUNTY DEPARTMENT OF ROADS
ADOPT-A-COUNTY ROAD PROGRAM**

DATE: _____

GROUP NAME: _____

2 lines, 20 characters per line (including spaces)

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

CONTACT PERSON: _____

TELEPHONE # - WORK: (____) _____ HOME: (____) _____

EMAIL: _____

GROUP/BUSINESS WEBSITE: _____

ROAD: _____ FROM: _____

TO: _____ TOTAL DISTANCE: _____

After printing and completing this form, you may **MAIL** it to Macomb County Adopt-A-County Road,
117 South Groesbeck Highway, Mt. Clemens, MI 48043,
FAX to 586.463.4277 or
EMAIL to adopt@rcmcweb.org