



Address:
100 3rd Ave SE
Pacific, WA 98047

Phone & Fax:
Ph: (253) 929-1100
Fax: (253) 887-9910

Website:
www.pacificwa.gov

Adopt-A-Drain Program Agreement

Name: _____ Email Address: _____

Address: _____ Telephone: _____

Drain Location: _____ Drain Count: _____

Do you already clear the storm drain occasionally? YES NO

Does the storm drain have a history of being blocked with debris? YES NO

Do you need any of the tools below? NO YES (check all that apply)

Safety vest Rubber gloves Trash pick-up tool Bucket

I am volunteering on my own behalf: YES NO

I have carefully read and understand the guidelines for the Adopt-A-Drain Program (hereinafter referred to as "the Program"), and I hereby acknowledge and assume the following responsibilities:

1. I will follow the Adopt-a-Drain Program Guidelines; abide by the rules of the road and use due care and caution while participating in the Program.
2. I will only use the City-provided kits and instructions for their intended purpose.

By signing below, I certify that I have read and reviewed this agreement and understand the terms of our participation.

Signature

Printed Name

Date

PLEASE RETURN TO:
City of Pacific Public Works Department
100 3rd Ave SE • Pacific, WA 98047