ADOPT-A-STREAM AGREEMENT

___________________________________________________ hereby agrees to adopt a segment of
_____________________________________ as part of the Adopt-A-Stream Program, a cooperative
program of Keep Winston-Salem Beautiful and the City of Winston-Salem Stormwater Division. The
minimum responsibilities that accompany the adoption of a stream segment are as follows:

1. Perform no less than one (2) stream clean ups per year, where stream walkers remove trash and
debris from the stream channel.

2. Keep complete and accurate records of all stream walks and clean-ups using the report forms
provided by the Winston-Salem Adopt-A-Stream Program. All field survey forms should be mailed
to Keep Winston-Salem Beautiful or the City of Winston-Salem/Stormwater Division (PO Box
2511, Winston-Salem, NC 27102) after the completion of stream walk activities.

3. Be respectful of crossing private property while conducting stream walks and clean-ups.

4. If needed, fill out and hang door tags on doors of all residences and businesses whose property
abuts the adopted stream in order to inform the abutting property owners that your group will be
crossing their property while conducting your stream walks and clean ups.

5. Have properly signed waiver forms for each person, adult and minor, participating in a stream walk
or clean up filed with the Adopt-A-Stream Program prior to the event. Return forms to either
the City of Winston-Salem Stormwater Division or Keep Winston-Salem Beautiful (PO Box 2511,
Winston-Salem, NC 27102).

We understand all of the requirements set forth for adopting a stream and agree to adopt
_________________________________from __________________________________________
(street or landmark) to _____________________(street or landmark) for the period of ______ years
(minimum of 2 years) beginning ____________________(date).

Volunteer Groups Name:__________________________________________________________

Contact Person:__________________________________________________________________

Contact Person’s Phone Number:___________________________________________________

Contact Person’s Address:__________________________________________________________

______________________________________________________________________________

Signature: ____________________________________________________________________