



**Middle Smithfield
Township Supervisors**

ADOPT A TOWNSHIP ROAD

Rec'd Application _____

Date _____

Name _____

Address _____

Home Phone _____ Work Phone _____

Requested Township Road (s) to clean _____

Second Choice _____

THE NAME THAT YOU GIVE WILL BE THE NAME USED ON THE ROAD SIGN, UNLESS OTHERWISE STATED.

Please return to the township

Thank you