

OFFICIAL SIGNATURES

**AUTHORIZED
GROUP REPRESENTATIVE**

SCDOT – For Office Use Only

Signature

Resident Maintenance Engineer

Print Name

District Engineer Administrator

Email Address

Home Telephone Work Telephone

Street Address

City Zip Code

OTHER GROUP CONTACTS ARE:

1. _____ HOME _____ WORK _____

2. _____ HOME _____ WORK _____

By their signatures, the following persons have agreed to participate in FOUR litter pick-ups and abide by the Department's guidelines and to NOT hold the Department, PalmettoPride, the County Coordinator or his/her sponsor(s) responsible for any injuries they may suffer or damages they may cause as a result of participation in the Adopt-A-Highway Program.

NAME

DATE

NAME

DATE

