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# ADOPT-A-PLANTER
## APPLICATION FORM

Date: _____

Name: _____

Address: _____

Are you a: Business Group Individual (circle one)

**Who will coordinate the project (your group's liaison)?**

Name: _____

Address: _____

Telephone: _____ _____ _____
Business Home Cell

Email Address: _____

Questions? Please call **Max Kay at (517) 592-5873** or email at dpw@villageofbrooklyn.com

Please fax this form to **(517) 592-2277** or you may mail it to:

Village of Brooklyn
121 N. Main St. P.O. Box 90
Brooklyn, MI 49230

**Thank you for your support!**