



Adopt-A-Stop Program Agreement

Name of Organization: _____

Address/City/ZIP: _____

Contact Person: _____ Day Phone: _____

Evening Phone: _____ Fax: _____

Email: _____

Location of Bus Stop you would like to adopt?

Direction of bus stop (circle one): Northbound Southbound Eastbound Westbound

By this agreement, _____ (organization), and all of its authorized participants, agree to abide by the attached program guidelines and specifications set forth by Capital Metro for the Adopt-A-Stop program. The applicant will not hold Capital Metro responsible for any injuries or damages that occur as a result of participation in the program. The applicant agrees to participate in the program for at least one year from the date the application is approved.

Signature of Organization Representative

Date

Print Name of Representative

Return Application to:

Capital Metro
Adopt-A-Stop Program
2910 E. 5th Street
Austin, Texas 78702
(512) 389-7434
(512) 369-6072 fax

Office Use Only

Date Received _____ Received by _____ Date Approved _____