



THE CITY OF YELLOWKNIFE

**Adopt a Street Registration Form**

**SURVEY RESPONSES**

<b>1. Applicant/contact person SURNAME:</b>		
<b>2. FIRST NAME</b>		<b>3. GREETING:</b> ( ) Mr. ( ) Mrs. ( ) Ms.
<b>4. If applicable, applying on behalf of (organization/individual):</b>		
<b>5. MAILING ADDRESS:</b>		
<b>6. POSTAL CODE:</b>		
<b>7. Please include at least one daytime PHONE NUMBER:</b>		
<b>8. EMAIL ADDRESS:</b>		
<b>9. REQUESTED AREA to be adopted:</b>		
<b>10. Would you like an ADOPT-A-STREET SIGN recognizing your contribution erected in your area? If YES (Please provide the name to be shown on the sign (e.g. Lafferty family or business name)</b>		