

## Chippewa County Highway Department Adopt-A-Highway Program Notice of Abandonment



Within thirty (30) days from your groups' decision to abandon cleanup activities, please complete this form and submit to program coordinator. We prefer that you send your completed form via email. You may also send via U.S. Postal Service

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Date of Abandonment (m/d/yyyy)	
Group Name	
Contact Person Name (First, Last)	(Area Code) Telephone Number – Day
Contact Email Address	
Section Description/Location	
By written or electronic signature below, the Group herby notifies wishes to abandon this segment of highway enrolled in the Adop disposable materials provided by the Department to Chippewa C Chippewa Falls, Wisconsin where they were received. Upon cor acknowledges the Department will remove all signage for their G adoption by others.	t-A-Highway Program. The Group also agrees to return all non- county Highway Department located at 801 E. Grand Avenue, inpletion of this notice of abandonment the Group further
X Signature of Authorized Group Representative – Must be 18 years or older	Date (m/d/yyyy)
recommendations or suggestions for improving Chipp	ewa County's Adopt-A-Highway program.
DO NOT WRITE BELOW THIS LINE	
The Department acknowledges the permitted group wishes to ce highway identified above. The Department has hereby revoked to Roadside Adopt-A-Highway signs shall be removed and all non-contract the properties of	the Adopt-A-Highway permit for the segment identified above.

Signature of Chippewa County Patrol Superintendent Date

Permit Number

Print Name Group Number

Thank you for participating in Chippewa County's Adopt-A-Highway Program.