

Adopt-A-Box Application Form

I. Adopter Contact Information:

Name: _____

Address: _____

Home Phone No: _____ Cell/Other Phone No: _____

Email: _____ Best Manner of Contact: _____

II. Staff contacts (if a neighborhood/business association or business):

Name: _____ Phone: _____

Email: _____

Name: _____ Phone: _____

Email: _____

III. Selected Box Location:

Street Location of Box: _____

Nearest Intersection: _____

Color of Box (Typically Green or Blue): _____

Businesses, organizations, or other identifying landmarks near the box:

Are you interested in adopting more than one box? Yes _____ No _____

If so, please complete page 2. If you wish to only adopt one box, please skip to page 3.

Street Location of Box: _____

Nearest Intersection: _____

Color of Box (Typically Green or Blue): _____

Businesses, organizations, or other identifying landmarks near the box:

Street Location of Box: _____

Nearest Intersection: _____

Color of Box (Typically Green or Blue): _____

Businesses, organizations, or other identifying landmarks near the box:

Street Location of Box: _____

Nearest Intersection: _____

Color of Box (Typically Green or Blue): _____

Businesses, organizations, or other identifying landmarks near the box:

IV. Additional Information

Please use the space below to include any additional information you wish to submit or questions about the program that you would like answered:

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins or other markings on the paper.

Signature of Applicant

Date

Completed Applications should be returned to:

Corey R. Pilz
Adopt-A-Box Program Coordinator
Cambridge Consumers' Council
831 Massachusetts Avenue
Cambridge, MA 02139
Phone: (617) 349-6153
Email: consumer@cambridgema.gov