



**CITY OF PATERSON**  
**ADOPT-A-LOT PROGRAM APPLICATION**  
**JEFFERY JONES, MAYOR**

Lanisha D. Makle, Director  
Department of Community Development  
125 Ellison Street, 2<sup>nd</sup> Floor  
Paterson, NJ 07505

Christopher A. Coke, Director  
Department of Public Works  
800 Broadway  
Paterson, NJ 07514

**PLEASE TYPE OR PRINT ALL INFORMATION**

Submit completed **ORIGINAL** application and submit to the Department of Community Development at the above address. If applying for more than one lot and lots are not contiguous please fill out a separate application for each location.

**ORIGINAL** applicant and witness signatures must appear on all four copies of the lease agreement.

**THANK YOU!**

Date: \_\_\_\_\_

Address of vacant lot (s) and/or Name of Park:

\_\_\_\_\_

(If Known) Block: \_\_\_\_\_ Lot: \_\_\_\_\_

Name of Community Association:

\_\_\_\_\_

Contact Name:

\_\_\_\_\_

Mailing Address:

\_\_\_\_\_

Email Address:

\_\_\_\_\_

Phone: (        ) \_\_\_\_\_

Please list the names and titles of your association's officers:

\_\_\_\_\_

Name

\_\_\_\_\_

Title

\_\_\_\_\_

Address

\_\_\_\_\_

Phone Number

\_\_\_\_\_

Email Address

Name

Title

Address

Phone Number

Email Address

Name

Title

Address

Phone Number

Email Address

Name

Title

Address

Phone Number

Email Address

Name

Title

Address

Phone Number

Email Address

Please provide a brief history of your association:

1. What public purpose will the adopted site be used for:
2. Describe the activities you will undertake in furtherance of the above purpose:
3. Estimate the approximate value or cost, if any, of the activities you will undertake:
4. If your association is a corporation, please attach documentation of non-profit corporation status.

**CERTIFICATION**

I certify that the information provided is true.

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Signature

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Date

Printed Name