

Mississippi Transportation Commission
ADOPT-A-HIGHWAY PROGRAM
A P P L I C A T I O N F O R M

OFFICIAL NAME OF PERSON/ORGANIZATION:

APPLICANT:

Name: _____

Title: _____

Address: _____

_____ _____ _____
City *State* *Zip Code*

Telephone No.(s) _____ _____
Home *Office*

_____ *Email*

OTHER CONTACTS:

Name: _____

Telephone No.(s) _____ _____
Home *Office*

Please list section of highway that you would consider adopting. Your adoptable section will be based upon availability and the rules and regulations of the Adopt-A-Highway Program. Adoption may be allowed or refused in the sole discretion of The Mississippi Transportation Commission.

County

Route
