



**CITY OF ROSEMEAD
PUBLIC SAFETY BUSINESS UNIT**

ADOPT-A-WALL

EQUIPMENT DISTRIBUTION FORM

Name: _____

Day Phone: _____

Address: _____

Cell Phone: _____

Date/Time	Equipment Type	Color	Quantity	Comments

Approve By (Signature)

Participant Signature

(I have read and sign the disclaimer, and received equipment for the Adopt-A-Wall program.)

----- *(Tear and give receiver the bottom portion for record)* -----

RECEIVED

Date/Time	Equipment Type	Color	Quantity	Comments

Name
Agrees to participate in the City of Rosemead Adopt-A-Wall Program. The under signed acknowledges that they and have received a copy of the Adopt-A-Wall program instructions and agrees to hold the City of Rosemead and its officers and employee's thereof harmless from any claim or injury resulting in their participation.

Signature of participant

Date