



Adopt-A-Pathway Application

- ☐ I want to adopt a pathway, please send me an application

Name (if a group; individual to contact): _____

Organization name: _____

Mailing Address: _____

Daytime Phone #: _____

Email : _____

I would like to adopt the pathway(s) listed below:

- ☐ I would like to have you suggest a pathway for me.

"Personal information is collected by the City of Delta under the authority of Section 26(c) of the Freedom of Information and Protection of Privacy Act (FIPPA) and will be used to administer Adopt- A- Street application with the City of Delta, Engineering Operations. Should you have any questions or about the collection of this personal information please contact one of the following options:"



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