

Street Name(s): \_\_\_\_\_

Resident Applicant/Sponsor: \_\_\_\_\_

This is a **Healthy Street** or **Play Street** *circle one* \_\_\_\_\_

If you approve this Living Streets activation, sign below.

From: *lowest address* \_\_\_\_\_

to: *highest address* \_\_\_\_\_

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

Duration: *months* \_\_\_\_\_

Zip code: *78705* \_\_\_\_\_

For Staff Use Only	
Approval	_____
Expansion	_____
_____ sigs. out of _____	

Required				Not Required			
	Resident			Address	Contact Information	Additional information	
	First Name (Print)	Last Name (Print)	Signature			I am interested in emails about Living Streets	I would like to be a Living Streets ambassador
Ex	Joseph	Resident	X	1234 Joy Street	JR@EMail.com	Y / N	Y / N
1			X			Y / N	Y / N
2			X			Y / N	Y / N
3			X			Y / N	Y / N
4			X			Y / N	Y / N
5			X			Y / N	Y / N
6			X			Y / N	Y / N
7			X			Y / N	Y / N
8			X			Y / N	Y / N
9			X			Y / N	Y / N
10			X			Y / N	Y / N

Disclaimer: Information submitted to the Living Street Program is subject to the Texas Public Information Act. Living Streets staff is required to provide information requested via the Act, but will not release your information without your consent unless required by law.