

Appendix C – Part II

**ARLINGTON COUNTY, VIRGINIA
DEPARTMENT OF PARKS, RECREATION AND COMMUNITY RESOURCES (DPRCR)
MODEL “ADOPT-A-PROGRAM” APPLICATION
DOG EXERCISE AREAS (DEAs)**

The “Adopt-a-Program” has been established in order to enhance the environment and the appearance of our County. I/we request permission to “Adopt” _____

Name of Dog Exercise Area

For the period beginning _____ and ending _____.

Description of the responsibilities to be provided by the “Adopter.”

[This must be explicit in regard to the timing, frequency and extent of maintenance activities. The contents of this requirement should be previously agreed upon and discussed at the meeting between the “Adopter” and the DPRCR Staff Project Coordinator.]

The joint maintenance and operation of the (name) off-leash fenced DEA.

The following sets forth the mutually agreed-upon policies, procedures and conditions to permit the use of the County open space as an off-leash, fenced DEA.

The adopting group agrees to be responsible for the following maintenance and operations:

- Ensure that the area is free of animal feces.
- Act as liaison between users and local residents.
- Address complaints from park users, with a written copy of the complaint and a written explanation of the resolution of the complaint to the Parks and Natural Resources Division Chief, within one month. If after one month, the complaint has not been resolved satisfactorily, the Sponsor(s) and the complainant will meet with the Parks and Natural Resources Division Chief to mediate the situation to solution.
- Provide education on park rules and regulations to users. DPRCR shall have the opportunity to review any written materials prior to distribution to the public relating to rules and regulations and/or events occurring on County property.
- Report maintenance needs to the Parks and Natural Resources Division.
- Maintain liaison with the Arlington County Animal Control to inform them of problems related to use of the DEA.

The work will be performed under, and in accordance with, the Arlington County Department of Parks, Recreation and Community Resources “Adopt-A-Program” conditions and safety tips.

Name of _____
Group/Individual (Please Print)

Group Leader _____ Alternate Leader _____

Address _____ Address _____

Telephone (Home) _____ (Home) _____
(Work) _____ (Work) _____

Name to Appear on Sign: _____

FOR OFFICE USE ONLY

Staff Project Coordinator: _____

Date _____

Department Coordinator: _____

Date _____

Revised 3/99