

NEIGHBORHOOD AND COMMUNITY ORGANIZATION REGISTRATION FORM

Name of Organization/Association:		Website		
Official Mailing Address:	Attn: Street Address: City/State/Zip: Phone:			
Management Company or additional party: (if applicable)	Attn: Company Name: Street Address: City/State/Zip: Phone:			
Elected Officers (Name & Address):		E-Mail Address		Phone #
President:				
Vice President:				
Secretary:				
Treasurer:				
When is your annual meeting when officers are elected? (month):				
Approximate # of households in organization:				
Neighborhood Boundaries: Neighborhood organizations may include both residences and businesses. Describe the boundaries of your neighborhood area below. Please attach map if necessary for clarification.				
North:				
South:				
East:				
West:				
Person Completing Registration Name: Phone #:		Da	te:	