

BERNALILLO COUNTY
NEIGHBORHOOD COORDINATION / Planning & Development Services Dept.
111 Union Square Street SE, Ste. 100 / Albuquerque, NM 87102
PHONE: 468-7364 FAX: 314-0480



NEIGHBORHOOD ASSOCIATION RECOGNITION FORM

Name of Neighborhood Association: _____

To receive "Recognition Status" for your neighborhood association, the following information is required by Section 4 of the Neighborhood Association Recognition and Notification Ordinance.

1. Submit copy of the current by-laws AND Membership qualifications (cite specific reference to section & paragraph of the by-laws):

Provision for notice of annual meeting (cite specific reference section & paragraph of the by-laws):

2. Identify the streets/canals/ditches which form the geographic boundaries (be specific) of the association AND submit a zone atlas map(s) which highlights the boundaries.

North: _____

South: _____

East: _____

West: _____

3. Names and addresses of TWO individuals (who will be the contacts and placed on the monthly list of Recognized Neighborhood Associations, and will receive notification from the County, developers, etc.)

| NAME | ADDRESS & ZIP CODE | PHONE # (H & W) | E-MAIL |
|------|--------------------|-----------------|--------|
|------|--------------------|-----------------|--------|

1) _____

2) _____

(NOTE: We must be notified, as soon as possible, of any changes in the names for official notification.)

4. Annual Meeting Month (according to your association by-laws): _____

5. Proof of Notice of Meeting: **NOTICE MUST BE ATTACHED TO BE APPROVED**
(newsletter, flyer, etc.)
Number of notices prepared: _____ Method of Delivery: _____

6. Current issues of interest to the association: _____

7. Officers/Board Members:

| <u>Name</u> | <u>Address</u> | <u>Phone</u> | <u>Title</u> |
|-------------|----------------|--------------|--------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

8. Approved by Neighborhood: Date of submission of Report _____

(Must be signed by at least three (3) officers)

President _____ Vice President _____

Secretary _____ Treasurer _____

9. County Commission District: _____

Name of person submitting information (print): _____

Phone #: _____

E-Mail:

We will review the information submitted and notify you within 30 days as to whether the criteria of the Neighborhood Association Recognition and Notification Ordinance #94-4 have been met. If you have any questions, please contact Darrell Dady at 468-7364.

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| OFFICE USE ONLY | |
|-------------------------------|------------|
| Reviewed by: _____ | Date _____ |
| _____ | |
| Compliance Approved by: _____ | Date _____ |
| _____ | |
| Comments: | |
| | |