

ANNUAL REPORT FORM

This form must be submitted within 60 days of your annual meeting month

Association Name: _____

Date of Annual Meeting: _____

NOTE: Evidence of your annual meeting notice MUST be attached to this form (Newsletter, flyer, photo, etc.)

Total Number of Notices Prepared: _____

Hand-Delivered: _____ Mailed: _____ Other: _____

Total Dues-Paying Members: _____ (If your Association does not charge dues,
please list number of active members.)

Officers of Association:

President:

Name:	E-mail:
Address:	Phone:
Zip Code:	Cell:

Vice-President:

Name:	E-mail:
Address:	Phone:
Zip Code:	Cell:

Secretary:

Name:	E-mail:
Address:	Phone:
Zip Code:	Cell:

Treasurer:

Name:	E-mail:
Address:	Phone:
Zip Code:	Cell:

*if your association has other board members who would like to be added to our email communication list, please send their contact information to onc@cabq.gov

Association Website: _____

Association E-mail: _____

Main Contacts:

These two contacts will be placed on a list of registered neighborhood associations and will receive notifications from the City of Albuquerque, developers, and others.

Main Contact #1

Name:	E-mail:
Address:	Phone:
Zip Code:	Cell:

Main Contact #2

Name:	E-mail:
Address:	Phone:
Zip Code:	Cell:

How Well Has The Office of Neighborhood Coordination Met Your Needs?

Please mark one of the numbers below, with 1 being the most negative customer service and 5 being the most positive customer service.

1_____ 2_____ 3_____ 4_____ 5_____

How Can We Better Serve You In The Future?

Instructions For Completing This Form

Complete using Adobe Acrobat Reader (free to download) and e-mail to: onc@cabq.gov

--OR--

Print, complete by hand, scan and

Email to: onc@cabq.gov

Mail to: Council Services Department

Office of Neighborhood Coordination (ONC)

P.O. Box 1293

Albuquerque, NM 87103