



## COMPLIANCE FORM

### NEIGHBORHOOD ASSOCIATION RECOGNITION ORDINANCE

**Neighborhood Association**

(Use full name of association used on bylaws)

All of the following items are required for compliance with Section 4 of the *Neighborhood Association Recognition Ordinance*. Please indicate which items are enclosed.

1. Copy of bylaws are attached: Yes [     ] No [     ]
2. The streets which form the geographic boundaries of the association are:  
North: \_\_\_\_\_ South: \_\_\_\_\_  
East: \_\_\_\_\_ West: \_\_\_\_\_

Visit the City's Zone Atlas Map for Association's Boundaries

<http://data.cabq.gov/business/addressatlas>

3. Names and addresses of **two contact people** who will be placed on a list of Recognized Neighborhood Associations and will receive notifications from City, Developers, etc.

*\*Please Print\**     NAME                                     ADDRESS                                     ZIP                                     PHONE # (H/W/C) (please specify)

(1) \_\_\_\_\_  
e-mail address: \_\_\_\_\_

(2) \_\_\_\_\_  
e-mail address: \_\_\_\_\_

NA Website: \_\_\_\_\_ NA E-Mail: \_\_\_\_\_

4. Statement of membership qualifications from bylaws (*copy membership paragraph of your bylaws here*)  
**-OR-** State specific reference (*paragraph and section of bylaws*) to membership qualifications.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Statement of provision for Notice of Annual Meeting from by-laws (*copy of Annual Meeting paragraph of your bylaws here*) **-OR-** State specific reference (*paragraph and section of bylaws*) to provision for Notice of Annual Meeting.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Zone Atlas Map(s) showing boundaries of

Neighborhood Association is attached [ ] Yes [ ] No Zone

Map #: \_\_\_\_\_

Please be sure all boundaries are named and designated - e.g., "middle of the street", "back lot line", etc.

You may obtain a copy of the Zone Atlas Map(s) at the city's website at this URL:

<http://data.cabq.gov/business/addressatlas>

Please outline the neighborhood association boundaries on this map. This information will be given to our AGIS Division to put on the City web page under neighborhood association maps.

Name of person submitting information: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**NOTE:** The Office of Neighborhood Coordination will review the items submitted and notify you within thirty (30) days as to whether the conditions of the Ordinance have been met. If you have any questions, please call us at 768-3334 or email us at [ONC@cabq.gov](mailto:ONC@cabq.gov).

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*(below this line for Office of Neighborhood Coordination use only)*

Compliance Form Reviewed and Checked by:

\_\_\_\_\_  
Senior Administrative Assistant, ONC

\_\_\_\_\_  
Date

Compliance Form Approved by:

\_\_\_\_\_  
Neighborhood Liaison, ONC

\_\_\_\_\_  
Date