

**ASSOCIATION COMPLIANCE FORM**  
**For use when applying to create a new, recognized neighborhood association**

**1. Full Name of Association Used in Bylaws:**

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**2. Please attach:**

A. Copy of Bylaws

B. Zone Atlas Map, with all neighborhood association street boundaries 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>

**3. Boundaries**

Streets forming geographical boundaries of your Association:

North: \_\_\_\_\_ South: \_\_\_\_\_

East: \_\_\_\_\_ West: \_\_\_\_\_

**4. 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:

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**5. Evidence of Compliance with §14-8-2-4 of the Neighborhood Association Recognition Ordinance**

A. State specific reference (section of bylaws) to membership qualifications. §14-8-2-4 A(2)

B. State specific reference (section of bylaws) to provision for Notice of Annual Meeting. §14-8-2-4 A(3)

Name of Individual Submitting Information:

\_\_\_\_\_

E-mail:

Telephone:

\_\_\_\_\_

\_\_\_\_\_

**Instructions For Completing This Form:**

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

--OR--

Print, complete by hand, scan and

Email to: [onc@cabq.gov](mailto:onc@cabq.gov)

Mail to: Council Services Department

Office of Neighborhood Coordination (ONC)

P.O. Box 1293

Albuquerque, NM 87103

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This section for ONC use only

Compliance Form Approved by:

\_\_\_\_\_  
ONC Manager

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Date