

City of Albuquerque, Planning Department
Office of Neighborhood Coordination
600 Second St. NW, Rm. 120 (Basement)
Albuquerque, NM 87102
Phone: (505) 924-3914



COMPLIANCE FORM

NEIGHBORHOOD ASSOCIATION RECOGNITION ORDINANCE

Neighborhood Association

(use full name of association used on By-laws)

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 by-laws are attached: Yes [] No []

2. The streets which form the geographic boundaries of the association are:

North: _____ South: _____
East: _____ West: _____

(See Attached Zone Atlas Map(s) for Association's Boundaries)

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 by-laws (copy membership paragraph of your by-laws here) **-OR-** State specific reference (paragraph and section of by-laws) to membership qualifications.

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

COMPLETE ITEMS ON REVERSE SIDE

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

<http://www.cabq.gov/planning/agis/index.html>

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

Name of person submitting information: _____

Phone: _____

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 924-3914.

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

Compliance Form Reviewed and Checked by:

Dalaina L. Carmona, Senior Administrative Assistant, ONC

Date

Compliance Form Approved by:

Stephani Winklepleck, Neighborhood Liaison, ONC

Date