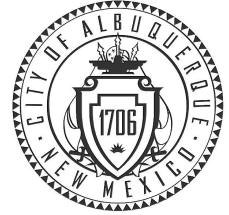


City of Albuquerque, Planning Department  
Office of Neighborhood Coordination  
600 Second St. NW, Rm. 120 (Basement)  
Albuquerque, NM 87102  
Phone: (505) 924-3914



# COMPLIANCE FORM

## NEIGHBORHOOD ASSOCIATION RECOGNITION ORDINANCE

Neighborhood

Association: \_\_\_\_\_

(use full name of association)

**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 current 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.

<u>NAME</u>	<u>ADDRESS/ZIP</u>	<u>PHONE (H) &amp; (W)</u>	<u>E-MAIL ADDRESS</u>
-------------	--------------------	----------------------------	-----------------------

_____	_____	_____	_____
_____	_____	_____	_____

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

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)

**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 current 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.

<u>NAME</u>	<u>ADDRESS/ZIP</u>	<u>PHONE (H) &amp; (W)</u>	<u>E-MAIL ADDRESS</u>
-------------	--------------------	----------------------------	-----------------------

_____	_____	_____	_____
_____	_____	_____	_____

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/zatlaspages.html>

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:

\_\_\_\_\_  
Patrick Montoya, Division Manager, ONC

\_\_\_\_\_  
Date

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/zatlaspages.html>

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:

\_\_\_\_\_  
Patrick Montoya, Division Manager, ONC

\_\_\_\_\_  
Date