



THIS FORM MUST BE
SUBMITTED WITHIN 60 DAYS OF
YOUR ANNUAL MEETING
MONTH AS OUTLINED IN YOUR
BY-LAWS FILED IN OUR OFFICE

ANNUAL REPORT FOR NEIGHBORHOOD / HOMEOWNER ASSOCIATIONS AND COALITIONS

NA/HOA/COALITION NAME: _____

DATE OF ANNUAL MEETING: _____

COPY OF ANNUAL MEETING NOTICE (*flyer, newsletter, postcard, etc.*) IS ATTACHED?

YES

NO (*a copy of notice must be provided for processing of application*)

TOTAL NUMBER OF NOTICES PREPARED: _____

HAND-DELIVERED MAILED OTHER (*explain*): _____

TOTAL NUMBER OF DUES-PAYING MEMBERS: _____ (*If your NA/HOA/COALITION doesn't charge dues, please list the number of active members*)

OFFICERS OF NA/HOA/COALITION

President

Name: _____ Address: _____

Email: _____ Phone Home: _____ Work: _____

Cell: _____

Vice President

Name: _____ Address: _____

Email: _____ Phone Home: _____ Work: _____

Cell: _____

Secretary

Name: _____ Address: _____

Email: _____ Phone Home: _____ Work: _____

Cell: _____

Treasurer

Name: _____ Address: _____

Email: _____ Phone Home: _____ Work: _____

Cell: _____

NA/HOA/COALITION website: _____

NA/HOA/COALITION email: _____

CONTACT REPRESENTATIVES

Please list contact information for two individuals to receive notice from various city departments, developers, and liquor license applicants.

Representative #1

Name: _____ Address: _____

Email: _____ Phone Home: _____ Work: _____

Cell: _____

Representative #2

Name: _____ Address: _____

Email: _____ Phone Home: _____ Work: _____

Cell: _____

This Annual Report form **must be** signed by at least three (3) officers.

President

Vice President

Secretary

Treasurer

Please notify the Office of Neighborhood Coordination immediately of any changes for officers, representatives, and/or their respective contact information. Officers may either write to us at the address listed above or email us at ONC@cabq.gov. Your group is responsible for the accuracy and timeliness of this information.

[OFFICE USE ONLY]

Report Checked by: _____
Staff Signature Date

Report Approved by: _____
Staff Signature Date

City Councilor(s): _____