

City of Albuquerque
Office of Neighborhood Coordination
P.O. Box 1293
Albuquerque, NM 87103

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

1. Full Name of Association Used in Bylaws:	
2. Please attach: A. Copy of Bylaws	
the Street, Back Lot Line, etc. You may ol	ssociation street boundaries named and designated, e.g., Middle of btain a copy of the Zone Atlas Map(s) at the city's website at this ssatlas. Please outline association boundaries on Zone Atlas Map!
3. Boundaries Streets forming geographical boundaries of your Associated the second se	ciation:
North:	South:
East:	West:
4. Association Contacts: These two contacts will be placed on a list of regis the City of Albuquerque, developers, and others. Primary Contact:	stered neighborhood associations and will receive notifications from
Name:	E-mail:
Address:	Phone:
Zip Code:	Cell:
Secondary Contact:	
Name:	E-mail:
Address:	Phone:
Zip Code:	Cell:
Association Website:	
Association E-mail Address:	

5.	<b>Evidence of Compliance with §14-8-2-4 of the Neighborh</b>	ood Association Recognition Ordinance
	A. State specific reference (section of bylaws) to membersh	nip 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):
Na	me of Individual Submitting Information:	
E-r	nail:	Telephone:
	structions for Completing This Form:  mplete using Adobe Acrobat Reader (free to download) and e	e-mail to: onc@cabq.gov
C	PR	**Notice of Duty to Release Information
Pri	nt, complete by hand, scan and Email to: onc@cabq.gov Mail to: Council Services Department Office of Neighborhood Coordination (ONC) P.O. Box 1293 Albuquerque, NM 87103	In accordance with the provisions of the Inspection of Public Records Act, NMSA 1978, § § 14-2-1 et seq. (IPRA), any information you provide to the Office of Neighborhood Coordination (ONC), including but not limited to, name, address, email, phone number and all other information will become public record and is required to be released to anyone who requests it.
**	****************	***************
Co	This section for O mpliance Form Approved by:	NC use only
ON	IC Manager	-
Da	te	_