

# **COALITION COMPLIANCE FORM** For use when applying to create a new recognized neighborhood coalition

## 1. Full Name of Coalition Used in Bylaws:

### 2. Please attach:

- A. Completed and signed copy of Bylaws, with annual meeting date clearly indicated.
- B. Zone Atlas Map, with coalition boundaries clearly designated. You can find and download Zone Atlas Maps at: <u>http://data.cabq.gov/business/addressatlas.</u>
- C. A list of all coalition members, including recognized neighborhood associations, unrecognized neighborhood associations, homeowner associations, business groups, community organizations, and if applicable, individuals. You may list members below or attach a separate list of members if there is not enough space in the table below.

### **3.** Coalition Contacts:

These two contacts will be placed on a list of recognized neighborhood coalitions and will receive notifications from the City of Albuquerque, developers, and others.

Primary Contact:

Name:	E-mail:
Address:	Phone:
Zip Code:	Cell:

#### Secondary Contact:

Name:	E-mail:
Address:	Phone:
Zip Code:	Cell:

Coalition Website (please indicate if you would like your website added to the ONC's webpage listing of recognized neighborhood associations and coalitions):

Coalition E-mail Address:

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

A. Compliance with \$14-8-2-4(B)(2)(4): Note the section of your bylaws that reference how membership is affirmed.

Name of Individual Submitting Information:

E-mail:

Telephone:

# **Instructions for Completing This Form:**

Complete using Adobe Acrobat Reader (free to download), save to your computer, and e-mail to: onc@cabq.gov or



Print, complete by hand, scan and Email to: <u>onc@cabq.gov</u> Mail to: Council Services Department Office of Neighborhood Coordination (ONC) P.O. Box 1293 Albuquerque, NM 87103

# \*\*Notice of Duty to Release Information

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.

Compliance Form Approved by:

\*\*\*\*\*\*

ONC Manager

Date