

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. Fu	ll Name of Association Used in Bylaws:		
2. Ple	ease attach: A. Copy of Bylaws		
		ociation street boundaries named and designated, e.g., Middle of ain a copy of the Zone Atlas Map(s) at the city's website at this atlas	
	undaries forming geographical boundaries of your Associa	ation:	
North:		South:	
East:		West:	
The the	ese two contacts will be placed on a list of register. City of Albuquerque, developers, and others.	red neighborhood associations and will receive notifications from	
Name:		E-mail:	
Addre	SS:	Phone:	
Zip Co	ode:	Cell:	
Main C	ontact #2		
Name:		E-mail:	
Addre	SS:	Phone:	
Zip Co	ode:	Cell:	
Zip Co	ode:	Cell:	

5.	Evidence of Compliance with §14-8-2-4 of the Neighborhood Association Recognition Ordinance			
	A.	. State specific reference (section of bylaws) to membership	p qualifications. §14-8-2-4 A(2)	
	В.	. State specific reference (section of bylaws) to provision for	or Notice of Annual Meeting. §14-8-2-4 A(3)	
Na	me (	of Individual Submitting Information:		
E-r	nail	1:	Γelephone:	
Co:	mpl OR	lete using Adobe Acrobat Reader (free to download) and e-recomplete 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	mail to: onc@cabq.gov	
		**************************************		
ON	IC N	Manager		
Da	te		-	