

Officers of Coalition:

President:

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

Vice-President:

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

Secretary:

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

Treasurer:

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

Coalition Website: _____

Coalition E-mail: _____

Coalition Contacts:

These two contacts 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:

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: onc@cabq.gov
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.