

ANNUAL REPORT FORM

This form must be submitted within 60 days of your annual meeting month

Association Name: _____

Date of Annual Meeting: _____

NOTE: Evidence of your annual meeting notice MUST be attached to this form (Newsletter, flyer, photo, etc.)

Total Number of Notices Prepared: _____

Hand-Delivered: _____ Mailed: _____ Other: _____

Total Dues-Paying Members: _____ (If your Association does not charge dues,
please list number of active members.)

Officers of Association:**

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: |

*if your association has other board members who would like to be added to our email communication list, please send their contact information to onc@cabq.gov

Association Website: _____

Association E-mail: _____

Main Contacts:**

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

Main Contact #1

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

Main Contact #2

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

How Well Has The Office of Neighborhood Coordination Met Your Needs?

Please mark one of the numbers below, with 1 being the most negative customer service and 5 being the most positive customer service.

1 _____ 2 _____ 3 _____ 4 _____ 5 _____

How Can We Better Serve You In The Future?

Instructions For Completing This Form

Complete using Adobe Acrobat Reader (free to download) 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.