

Planning Department  
Office of Neighborhood Coordination (ONC)  
600 Second St. NW, Rm. 120 (Basement)  
Albuquerque, NM 87102  
Phone: 924-3914



**MUST BE SUBMITTED WITHIN SIXTY (60) DAYS FOLLOWING YOUR ANNUAL MEETING MONTH (per your by-laws filed in our office). REPORT NEEDS TO BE TYPED OR IN BLACK INK ONLY.**

**ORIGINAL FORM ONLY ACCEPTED**

**YEARLY ANNUAL REPORT FORM FOR NEIGHBORHOOD, HOMEOWNER ASSOCIATIONS AND COALITIONS**

NA/HOA/Coalition Name: \_\_\_\_\_

1. Date of Annual Meeting: \_\_\_\_\_

2. **PLEASE ATTACH NOTICE OF ANNUAL MEETING FOR ANNUAL REPORT TO BE APPROVED** (copy of flyer, newsletter, postcard, etc.)

# of notices prepared: \_\_\_\_ [ ]Hand Delivered [ ]Mailed [ ]Other\_\_\_\_\_

3. Number of dues-paying members: \_\_\_\_\_ (If your NA/HOA/COALITION doesn't charge dues, please list the number of active members.)

4. **OFFICERS OF NA/HOA/COALITION ONLY**

(please specify)

**\*Please Print\*** NAME ADDRESS ZIP PHONE # (H/W/C)

PRESIDENT \_\_\_\_\_

VICE PRESIDENT \_\_\_\_\_

SECRETARY \_\_\_\_\_

TREASURER \_\_\_\_\_

5. Names, addresses, phone number(s) and e-mail addresses (if applicable) of **TWO CONTACT PEOPLE** who will be placed on a list of association contacts and will receive notifications from various City Departments, Developers and Liquor License notification requests.

(please specify)

**\*Please Print\*** NAME ADDRESS ZIP PHONE # (H/W/C)

(1) \_\_\_\_\_

**e-mail address:** \_\_\_\_\_

(2) \_\_\_\_\_

**e-mail address:** \_\_\_\_\_

**NA Website:** \_\_\_\_\_ **NA E-Mail:** \_\_\_\_\_

Please notify ONC ASAP of any changes for official notification by an officer of your association either in writing **-OR-** an e-mail message to <dlcarmona@cabq.gov>. Your association is responsible for the accuracy and timeliness of this information.

6. Annual Report **must be** signed by at least three (3) officers **-OR-** will be returned for additional signatures.

\_\_\_\_\_  
President

\_\_\_\_\_  
Vice President

\_\_\_\_\_  
Secretary

\_\_\_\_\_  
Treasurer

\*\*\*\*\*

(below this line for ONC Use Only)

Report Checked by: \_\_\_\_\_

Dalaina L. Carmona, Senior Administrative Assistant, ONC

\_\_\_\_\_  
Date

Report Approved by: \_\_\_\_\_

Stephani Winklepleck, Neighborhood Liaison, ONC

\_\_\_\_\_  
Date

City Councilor(s): \_\_\_\_\_