

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.

NEIGHBORHOOD ASSOCIATION ANNUAL REPORT FOR RECOGNIZED, COALITION, HOMEOWNERS

Association/Coalition Name: _____

1. Date of Annual Meeting: _____
2. **PLEASE ATTACH NOTICE OF ANNUAL MEETING FOR ANNUAL REPORT TO BE APPROVED** *(copy of flyer, newsletter, etc.)*
of notices prepared: ____ []Hand Delivered []Mailed []Other_____
3. Number of dues-paying members: _____ *(If your association/coalition doesn't charge dues, please list the number of active members.)*

4. OFFICERS OF ASSOCIATION/COALITION ONLY – list below

NAME ADDRESS (ZIP) PHONE # (H/W/C)

PRESIDENT_____

VICE PRESIDENT_____

SECRETARY_____

TREASURER_____

5. Names, addresses and phone number(s), e-mail addresses (if applicable) of **TWO CONTACT PEOPLE** who will be placed on a list of neighborhood associations contacts and will receive notifications from various City Departments, (Developers, Liquor License – recognized NA’s only).

NAME ADDRESS (ZIP) PHONE # (h/w/c) E-MAIL ADDRESS

(1) _____

(2) _____

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: _____ Date

Dalaina L. Carmona, Senior Administrative Assistant, ONC

Report Approved by: _____ Date

Neighborhood Program Coordinator, ONC

City Councilor(s): _____