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

Phone: 924-3914

ORIGINAL FORM ONLY ACCEPTED



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.

VFARI V ANNIJAI	REPORT FORM FOR NEIG	GHRORHOOD HOM	MEOWNER ASSOCIAT	TIONS AND COALITIO	NS
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NA/HOA/Coalition Name:						
1. Date of Annual Meeting:						
2. PLEASE ATTACH NOTICE (TO BE APPROVED (copy of # of notices prepared: []]	f flyer, newslet	ter, post	card, etc.)			
3. Number of dues-paying membe charge dues, please list the num			HOA/COALITION doesn't			
4. OFFICERS OF NA/HOA/COA *Please Print* NAME		ZIP	(please specify) PHONE # (H/W/C)			
PRESIDENT						
VICE PRESIDENT						
SECRETARY						
TREASURER						
receive notifications from various notification requests. *Please Print* NAME (1)	ADDRESSe-mail addi	ZIP	(please specify) PHONE # (H/W/C)			
(2)		4000				
	e-mail address: A Website: NA E-Mail:					
Please notify ONC ASAP of any chaassociation either in writing -OR - association is responsible for the association is responsible for the asacciation and Report must be signed additional signatures.	an e-mail messag accuracy and time	ge to <dlca eliness of t</dlca 	rmona@cabq.gov>. Your this information.			
President		Vice President				
Secretary ************************************	**************************************	*****	reasurer			
Report Checked by:	reiow inis time for Olive ase C	iniy)				
Dalaina L. Carmona	a, Senior Administrative As	ssistant , ONC	Date			
Report Approved by:	ONC		Date			
City Councilor(s):			A.R.Form (03/06/12)			