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.

| <b>YEARLY ANNUAL</b> | REPORT FORM FOR | <b>NEIGHBORHOOD</b> | HOMEOWNER | ASSOCIATIONS | AND COALITIONS |
|----------------------|-----------------|---------------------|-----------|--------------|----------------|
|                      |                 |                     |           |              |                |

| NA/HOA/Coalition Name:   |   |  |  |  |  |
|--|---|--|--|--|--|
| 1. Date of Annual Meeting:   |   |  |  |  |  |
| Attached is our current [ ] -OR- amended [ ] by-laws. Date Last Amended  |   |  |  |  |  |
| 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 |   |  |  |  |  |
| Number of dues-paying members: (If your NA/HOA/COALITION doesn't charge dues, please list the number of active members.)   |   |  |  |  |  |
| 5. <b>OFFICERS OF NA/HOA/COALITION ONLY</b> NAME ADDRESS (Z.   | <u>IP)</u>  |  |  |  |  |
| PRESIDENT  |   |  |  |  |  |
| VICE PRESIDENT   |   |  |  |  |  |
| SECRETARY  |   |  |  |  |  |
| TREASURER  |   |  |  |  |  |
| receive notifications from various City Department notification requests.  NAME ADDRESS (ZIP) PHONE #  (1)   | (h/w/c) E-MAIL ADDRESS  |  |  |  |  |
| NA Website: NA E-  |   |  |  |  |  |
| Please notify ONC ASAP of <u>any changes</u> for official nassociation either in writing <b>-OR</b> – an e-mail message association is responsible for the accuracy and time     | otification by an officer of your<br>e to <dlcarmona@cabq.gov>. Your<br/>liness of this information.</dlcarmona@cabq.gov> |  |  |  |  |
| 7. Annual Report <b>must be</b> signed by at least three (3 additional signatures.   | officers – <b>OK</b> – will be returned for   |  |  |  |  |
| President  | Vice President  |  |  |  |  |
| Secretary  ***********************************   |   |  |  |  |  |
| Report Checked by:   |   |  |  |  |  |
| Dalaina L. Carmona, Senior Administrative Ass Report Approved by:  | sistant , ONC Date  |  |  |  |  |
| Patrick Montoya, Division Manager , ONC  City Councilor(s):  | Date  |  |  |  |  |
| City Councilot(5)  | A.R.Form (02/26/08)   |  |  |  |  |