



NEIGHBORHOOD PARTNERSHIP REGISTRATION FORM

Neighborhood Partnership Office
6829 N. 58th Drive, Suite 100
Glendale, Arizona 85301
(623) 930-2868 * Fax (623) 931-6433

Please type or print all answers and ensure all information requested is complete.

NEIGHBORHOOD INFORMATION

- I. Organization Name: _____
- II. Year organization was built: _____
- III. Represents: # Single-family Households _____ #Multi-family Households _____
Commercial Properties _____ #Vacant Lots _____
- IV. Organization Boundaries: North _____ South _____
West _____ East _____
- V. Public Services/Resources: Arizona Public Service or Salt River Project (Circle One)
- VI. List schools, parks and churches within the organization's listed boundaries:

Name Address

Name Address

- VII. Is your organization: Please indicate yes or no on all that apply:
 HOA Block Watch Governed by Management Company*
- VIII. City Council District: Barrel Cactus Cholla
 Ocotillo Sahuaro Yucca
- IX. School District: Alhambra Deer Valley Glendale
 Pendergrast Peoria Washington
- X. Does your neighborhood organization currently have a newsletter? Yes or No
 If no, are you interested in starting one? Yes or No

*If governed by a Management Company, please provide contact information:
 Representative's Name: _____ Management Company: _____
 Address: _____ Phone: () _____
 Fax: () _____ E-Mail: _____

GENERAL INFORMATION

PRIMARY CONTACT:

Name: _____
(Last) (First) (Middle Initial)

Address: _____
(Street) (City/State) (Zip)

Phone: (____) _____ (____) _____
(Home) (Alternate number, if applicable)

E-mail address: _____

Signature _____ Date _____

SECONDARY CONTACT:

Name: _____
(Last) (First) (Middle Initial)

Address: _____
(Street) (City/State) (Zip)

Phone: (____) _____ (____) _____
(Home) (Alternate number, if applicable)

E-mail address: _____

Signature _____ Date _____

BOARD MEMBERS: (if applicable) (Names and phone numbers if different from primary and secondary contacts)

President: _____ Vice-President: _____

Secretary: _____ Treasurer: _____

ORGANIZATION WEB SITE ADDRESS: _____

MEETINGS: ___ Monthly ___ Annually General Location _____ Time _____

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|---|
| List of neighborhood concerns/issues: _____ _____ _____ |
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| (For Office Use Only): Reviewed by _____ Date Received _____ Date Entered _____ Correspondence Mailed _____ |
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