



NEIGHBORHOOD REGISTRATION FORM

DATE COMPLETED: ____ / ____ / ____

Neighborhood Programs

NOTE: AS A PUBLIC RECORD, THE INFORMATION CONTAINED ON THIS FORM IS SUBJECT TO THE PUBLIC RECORDS LAW REGARDING ACCESS

PLEASE PRINT E-Mail Addresses are Extremely Important

_____	_____	REPRESENTS _____	_____
NAME OF NEIGHBORHOOD	YEAR BUILT	(APPROX.) # OF HOMES	
DO YOU LIVE IN AN HOA? <input type="checkbox"/> YES <input type="checkbox"/> NO			

PRIMARY CONTACT (MUST RESIDE IN NEIGHBORHOOD)

NAME	TITLE	
ADDRESS	CITY	ZIP
PREFERRED PHONE NUMBER	EMAIL	

SECONDARY CONTACT (AT LEAST TWO CONTACTS ARE REQUIRED)

NAME	TITLE	
ADDRESS	CITY	ZIP
PREFERRED PHONE NUMBER	EMAIL	

ADDITIONAL CONTACT

NAME	TITLE	
ADDRESS	CITY	ZIP
PREFERRED PHONE NUMBER	EMAIL	

ADDITIONAL CONTACT (YOU MAY ADD MORE CONTACTS ON A SEPARATE SHEET OF PAPER)

NAME	TITLE	
ADDRESS	CITY	ZIP
PREFERRED PHONE NUMBER	EMAIL	

ORGANIZATIONAL BOUNDARIES

IDENTIFY BY STREETS, INCLUDING WHICH SIDE OF THE STREET INCLUDED IN BOUNDARIES
(I.E. SOUTH SIDE OF GALVESTON ST.) PLEASE INCLUDE A MAP IF POSSIBLE

NORTH: _____ SOUTH: _____

EAST: _____ WEST: _____

MAJOR NEIGHBORHOOD FEATURES (SCHOOLS, PARKS, CHURCHES, ETC.):

ADDITIONAL INFORMATION

DO YOU HAVE A BLOCK WATCH (ES) IN YOUR NEIGHBORHOOD? YES NO

IF NO, WOULD YOU LIKE TO BE CONTACTED ABOUT FORMING ONE? YES NO

DOES YOUR NEIGHBORHOOD/HOA HAVE A NEWSLETTER? YES NO

DOES YOUR NEIGHBORHOOD/HOA HAVE REGULAR MEETINGS? YES NO

IF YES, WHAT IS YOUR REGULAR MEETING SCHEDULE?

TIME: _____ DAY: _____ HOW OFTEN DO YOU MEET : _____

LOCATION: _____

WHAT CITY SERVICE WOULD YOU LIKE MORE INFORMATION ON? CHECK ALL BOXES THAT APPLY

- | | | |
|--|--|---|
| <input type="checkbox"/> SOLID WASTE | <input type="checkbox"/> CITIZEN'S ACADEMY | <input type="checkbox"/> WATER CONSERVATION |
| <input type="checkbox"/> CODE COMPLIANCE | <input type="checkbox"/> NEIGHBORHOOD GRANTS | <input type="checkbox"/> VOLUNTEERING WITH CHANDLER |
| <input type="checkbox"/> POLICE ACADEMY | <input type="checkbox"/> CITY BOARDS/COMMISSIONS | <input type="checkbox"/> HOA ACADEMY |
| <input type="checkbox"/> RECYCLING | <input type="checkbox"/> CERT PROGRAM | <input type="checkbox"/> OTHER _____ |

PROPERTY MANAGER/ MANAGEMENT COMPANY INFORMATION HERE

MANAGER NAME _____ MANAGEMENT COMPANY NAME _____

ADDRESS _____ CITY _____ ZIP _____

PREFERRED PHONE _____ EMAIL _____

PLEASE RETURN TO:

NEIGHBORHOOD PROGRAMS

MAIL STOP 600

PO BOX 4008,

CHANDLER, AZ 85244-4088

PHONE (480) 782-4348 FAX (480) 782-4350



OFFICE USE ONLY

- | | | |
|---|--|---|
| <input type="checkbox"/> TRADITIONAL NEIGHBORHOOD | <input type="checkbox"/> HOMEOWNERS' ASSOCIATION (HOA) | <input type="checkbox"/> NEIGHBORHOOD BLOCK WATCH |
| <input type="checkbox"/> INFORMATION REQUESTED MAILED | | <input type="checkbox"/> ENTERED IN DATABASE |
| CODE OFFICER _____ | | <input type="checkbox"/> NOTES: _____ |