

# NEIGHBORHOOD REGISTRATION FORM



DATE COMPLETED: \_\_\_\_/\_\_\_\_/\_\_\_\_

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

**E-mail addresses are extremely important. By providing this information, our office is able to send you information on upcoming programs, services and educational opportunities.**

PLEASE PRINT CLEARLY

_____	_____	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	

## NEIGHBORHOOD 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: \_\_\_\_\_

## ADDITIONAL INFORMATION

HAVE YOU EVER ATTENDED OUR HOA OR TRADITIONAL NEIGHBORHOOD ACADEMY?  YES  NO

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

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

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> SOLID WASTE     | <input type="checkbox"/> HOA ACADEMY         | <input type="checkbox"/> TRADITIONAL NEIGHBORHOOD ACADEMY |
| <input type="checkbox"/> RECYCLING       | <input type="checkbox"/> NEIGHBORHOOD GRANTS | <input type="checkbox"/> VOLUNTEERING WITH CHANDLER       |
| <input type="checkbox"/> CODE COMPLIANCE | <input type="checkbox"/> WATER CONSERVATION  | <input type="checkbox"/> OTHER _____                      |
| <input type="checkbox"/> BLOCK WATCH     |  |   |

## PROPERTY MANAGER/ MANAGEMENT COMPANY INFORMATION

MANAGER NAME	MANAGEMENT COMPANY NAME	
ADDRESS	CITY	ZIP
PREFERRED PHONE	EMAIL	
MANAGEMENT COMPANY WEBSITE		

### MAIL TO:

Neighborhood Programs  
Mail Stop 600  
PO Box 4008  
Chandler, AZ 85244-4088



### FAX TO:

Neighborhood Programs  
Attention: Cristabel Dykstra  
Fax: 480-782-4350

If you have questions please contact the Neighborhood Programs Office at 480-782-4354 or visit

[www.chandleraz.gov/neighborhoods](http://www.chandleraz.gov/neighborhoods)  
[www.facebook.com/ChandlerNeighborhoods](http://www.facebook.com/ChandlerNeighborhoods)

