

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 contact 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: _____

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

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

LOCATION: _____

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

