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.

Name of Neighborhood: _____

Year Built:_____ (Approx.)Number of Homes: _____

Primary Neighborhood Contact:

Name: _____ Phone: _____

Position on HOA Board:_____ Email address: _____

Address: _____Chandler, AZ_____

Secondary Neighborhood Contact : (Must reside in different address than primary contact)

Name: _____ Phone: _____

Position on HOA Board:_____ Email address: _____

Address: _____Chandler, AZ_____

Neighborhood Boundaries:
Identify surrounding streets

North:_____ South:_____ East:_____ West:_____

Property Manager/ Management Company

Manager Name: _____

Office Address:_____ City & Zip: _____

Phone: _____ Email:_____

Mail to:
Mail Stop 600
P.O. Box 4008
Chandler, AZ 85244-4008

Neighborhood Programs Office: 480-782-4348
Fax: 480-782-4350
Email: neighborhood.programs@chandleraz.gov