



Office of Neighborhood Services
P.O. Box 60
Abilene, TX 79601

Phone: 325-676-6230
Fax: 325-676-6242

Neighborhood Association Registration Form

(Please print clearly, enclose requested information, and return to the above address)

1. Name of Neighborhood Association: _____

2. Contact Person: (This information will be used for all correspondence, including notification of zoning cases for registered neighborhood associations that could potentially be affected by the case.)
Name: _____ Address: _____

Telephone: _____ FAX: _____

Email: _____

3. Please submit the following:

- **A map or written description of your association boundaries**
- **A list of your officers, their addresses and telephone numbers**
- **A signed copy of the adopted by-laws**
- **A list of your neighborhood goals**
- **A list of your association s annual community events or activities**

4. Regular Meeting Location: _____

5. Regular Meeting Date: _____ Time: _____

6. Election of Officers (Month): _____ Frequency: _____

7. Date the Association was Founded: _____

8. Membership: (please circle one) Voluntary Mandatory

9. Number of Assoc. Members: _____ Number of Housing Units: _____

Please circle your response:

10. Are any properties in your neighborhood historic? (over 50 years old) YES NO
(If you are not sure call the Historic Preservation Officer at 676-6230)

11. Would you like information on Historic Overlay Zoning, Historic Districts or Neighborhood Conservation Districts? YES NO

12. Does your neighborhood association publish a newsletter? YES NO

13. Does your neighborhood association have a website? YES NO
If so, please list address: _____