

CARROLTON

CONTACT	INFORMATION	(Please Print)
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Neighborhood Association Name:

Association Website Address:

Neighborhood Registration Form

Primary Contact Name & Title:		
Mailing Address:		
Carrollton	Texas	75006
Day Phone:	Evening Phone:	
Fax:	Email:	
Secondary Contact Name & Title:		
Mailing Address:		
Carrollton	Texas	75006
Day Phone:		
Fax:	Email:	

FOR OFFICE USE ONLY: NOTES:	
DATE:	NEW / RENEWAL:

LEADERSHIP

leadership. Name:______Title:_____ Mailing Address: Name: Title: Mailing Address: Name:_____Title:_____ Mailing Address: Name: ______ Title: _____ Mailing Address: Name:_____Title:____ Mailing Address:_____ When are new board members selected?_____ SUBCOMMITTEES Please list your association's subcommittees and leadership. Subcommittee: Chairperson: Day Phone: Evening Phone: Subcommittee: Chairperson: Day Phone:_____Evening Phone:____ Subcommittee: Chairperson: Day Phone: Evening Phone: Subcommittee: _____Chairperson: _____ Day Phone: _____ Evening Phone: _____ Subcommittee:_____Chairperson: _____ Day Phone:_____Evening Phone:____

Please provide us with the names and addresses of your association's

COMMUNICATION

Does your association publish a n If yes, please add us to your news How often is the newsletter publis Deadline for information:	sletter's distribution list. Thank you hed?	u.		
Editor:	Phone:			
Mailing Address:				
ASSOCIATION INFORMATION				
Is your organization a: ☐ Home Owners Association ☐ Crime Watch	☐ Neighborhood Association ☐ Other:			
Year Founded / Incorporated:				
Membership is: ☐ Voluntary ☐ Mandatory Membership Fee: ☐ ☐ Monthly ☐ Quarterly ☐ Semi-annually ☐ Annually				
Renters allowed to join association Non-residential property owners a		s 🗆 No		
Please list the boundaries of your association. If possible, please attach a map. North:				
East:				
South:				
West:				
How were these boundaries selected?				
Please attach a copy of your incorporation document and by-laws if this is your initial registration. If you are renewing, please attach any changes.				
DEMOGRAPHICS				
How many of the following are loc	ated within the boundaries of you	r association?		
Single-family homes	Multi-family homes	Churches		
Vacant Lots	Commercial Properties	Schools		

MEETINGS & ACTIVITES

Please list your association's meeting schedule.				
Date	Time	Location		
Please list your as	sociation's annual activ	vities and fund raising events.		
Date	Activity	Location		
How many members regularly participate in the meetings and social activities of your association? Estimated Actual				
OTHER COMMENTS				
Thank you for completing all sections of the City of Carrollton Neighborhood Registration form. If you have any questions, please contact the Community Development Office at 972-466-4299.				

City of Carrollton Community Development Office PO BOX 110535 Carrollton, TX 75011