NEIGHBORHOOD ASSOCIATION REGISTRATION

YOUR ASSOCIATION

Tell us about your organization and your neighborhood.

Name of Your Neighborhood:_________________________________________________

General Area of the City:_____________________________________________________

Please attach a map showing the boundaries of your neighborhood.

Number of Homes in Your Neighborhood:_____________________________________

YOUR ISSUES

Tell us why you wish to form a Neighborhood Association. Attach extra pages if necessary.

Main Concerns:_____________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

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_________________________________________________________________________

History of the Neighborhood:________________________________________________

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_________________________________________________________________________
YOUR MEMBERSHIP

Please list all the names, addresses, and phone numbers of your Neighborhood Association members. Feel free to attach extra pages if necessary.

_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________

HOW CAN WE REACH YOU?

Name:____________________________________________________________________
Address:__________________________________________________________________
Phone Number: ________________  Email Address: _____________________________

SPECIAL NOTES

Tell us anything else you would like us to know about your association:
_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________

Please return form to: City of Grand Junction Neighborhood Program
333 West Avenue  Bldg C
Grand Junction, Colorado 81501

Forms can also be faxed to: (970) 256-4114

Call us at (970) 244-1491 or email kristena@gjcity.org if you need help or information.