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:_______________________________________

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:__________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
**YOUR MEMBERSHIP**

Please list all the names, addresses, and phone numbers of your Neighborhood Association members or the primary contacts. 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
                           250 North 5th Street
                           Grand Junction, Colorado 81501

Forms can also be faxed to: (970) 256-4031

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