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

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: ________________________________________________