Neighborhood Notification Listing

Why List

By listing your group, the Neighborhood Notification Program becomes a vital tool in enhancing communication between your neighborhood and the City; and more importantly, between you and your neighbors.

Once listed, your organization will receive information about issues that affect the livability of your neighborhood.

Guidelines

Eligibility

- The group must have met two or more times within the last six-month period.
- Copies of the meeting agendas, minutes and sign in sheets must be submitted with the application. The meeting minutes must include the number of individuals in attendance.
- To list a block watch, visit the Phoenix Police Department for additional requirements at https://www.phoenix.gov/police/neighborhood-resources/block-watch-info

Organization Boundaries

- Organization boundaries must be with in the City of Phoenix limits.
- Boundary must not be larger than one square mile.
- If more than one group exists in the boundary, the new forming group shall meet with the existing group(s) to ensure there is communication between the groups.

Members Listing

- Primary and alternate contacts cannot reside in same household.
- A minimum of ten members who reside or conduct business in the neighborhood is required.
- An organization will not be listed until all documents are complete, submitted and eligibility is verified.
- If application is not completed within 30 days, it is void and the applicant must resubmit and begin the process over.





When completed, return this form to:

City of Phoenix Neighborhood Services Department Neighborhood Notification Office 200 W. Washington St., 4th Floor Phoenix, AZ 85003 E-mail: nnet.nsd@phoenix.gov Phone: 602-534-4444

NEIGHBORHOOD NOTIFICATION FORM

	ASSIFICATION: Neighborhood Association B	Block Watch HOA Business Alliance				
Α.	ORGANIZATION INFORMATION: (Please Print)					
		/_/ Represents				
	Organization Name	Date Formed People Home	s			
	Organization Boundaries: (identify by streets, including which side of the street contained within boundaries (i.e. South side of McDowell Rd.). Please attach map if your boundaries are not square.					
	NORTH:	SOUTH:				
	EAST:	WEST:	WEST:			
	Brief statement of association objectives and goals:					
		No If "Yes" address: No If "Yes", when and where				
В.	PRIMARY CONTACT [REQUIRED]: (Please Print) Must be a resident within neighborhood boundaries.					
	First Name Last Name	Title	Title			
	Address	City ZIP				
	Day Phone Ext. Alternate Phone	Ext. E-mail				
C.	ALTERNATE CONTACT: [REQUIRED] (CANNOT be the same household as PRIMARY CONTACT)					
	First Name Last Name	Title				
	Address	City ZIP				
	Day Phone Ext. Alternate Phone	Ext. E-mail				
WI	hat contact information do you prefer to be listed on E-mail Day Phone Alternate					
	that those persons listed will be contacted or solicited b persons. This information may be shared with City dep	a public record pursuant to state statutes and it is possible by commercial or nonprofit entities or by other organizations partments as necessary. The City of Phoenix, by publishing or support any organization, person, product or solicitation.	s or			
	Internal Use Only: CCD: Polic	ce Precinct: Approved By/Officer Name Badge ID#				
	Association ID#:					

City of Phoenix

Neighborhood Notification Members Listing

(A minimum of ten (10) individuals who reside or conduct business (from 10 separate addresses) in the neighborhood is required.)

Organization Name: _____

Date	Print Name	Address	Phone Number	E-Mail Address

