Neighborhood Organization Contact List Registration/Update Form

1 **Date:** _____

(Select only one.)

☐ Add to List ☐ Update List ☐ Remove from List

2a Required Contact Information

Contact Name:

_____

- **Neighborhood Affiliation:**

_____

(Neighborhood you reside in or are most affiliated with.)

Physical/Street Address:

_____

City: _____State:_____ Zip_____

Email *(primary)*:

_____

Telephone (*primary*): _____

2b *Alternate* Contact Information

Mailing Address:
(Only fill out if different from physical address at left.)

_____

City: _____State:_____ Zip_____

Email:

_____

Telephone: _____

CHARLOTTE
CHARLOTTE-MECKLENBURG PLANNING

For more information visit **www.charlotteplanning.org** or e-mail the Planning Department at *bsuttle@charlottenc.gov*

The Neighborhood Organization Contact List is considered public information.

3 Type of Contact *(Select only one.)*

☐ Resident
☐ Business
☐ Crime Watch
☐ Other

Description Please provide any relevant additional information

_____

_____

_____

4 Neighborhood Organization, Homeowners Association & Apartment Management Information: *(Only fill this section out if you serve in an official capacity for your organization or apartment complex.)*

Organization Name: _____

Neighborhood(s) Represented:_____

Position: *(Select only one.)*

☐ President
☐ Vice President
☐ Other Officer: _____
☐ Chair
☐ Board Member
☐ Manager/Mgt. Co.

Website: _____

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