

# Neighborhood Organization Contact List Registration/Update Form

Date: \_\_\_\_\_

(Select one)

Add Contact Info  Update Info  Unsubscribe

## Required Contact Information

Contact Name:

\_\_\_\_\_  
First Last

Physical/Street Address:

\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Telephone: \_\_\_\_\_

Neighborhood Affiliation: What is (are) the full name(s) of the neighborhood you are most affiliated with for the purposes of this list?

\_\_\_\_\_

I understand that the Neighborhood Organization Contact List is considered public information per NC Public Records Law, G.S. 132.



For more information, visit Community Engagement Division at [charlottenc.gov/hns](http://charlottenc.gov/hns), e-mail [Avis.Cuthbertson@charlottenc.gov](mailto:Avis.Cuthbertson@charlottenc.gov) or call 704-336-7846.

## Which category best describes your role for the purpose of this list?

- President/Chairperson/Primary Contact
- Vice President
- Other Board Member
- Block Captain
- Resident or member (do not serve in official capacity)

*This section to be completed by those who serve in an official capacity for their neighborhood or business organization or apartment community.*

## What is the official name of your organization?

\_\_\_\_\_

## Which category best describes the organization type?

- |  |   |
|--|---|
| <input type="checkbox"/> Apartment/HOA Management Group          | <input type="checkbox"/> HOA/Neighborhood Association |
| <input type="checkbox"/> Business or Merchants Association       | <input type="checkbox"/> Neighborhood Coalition       |
| <input type="checkbox"/> Crime Watch Organization                | <input type="checkbox"/> Faith-based Organization     |
| <input type="checkbox"/> Community Development Corporation (CDC) | <input type="checkbox"/> Other: _____                 |

If the organization has a website, please provide the address:

Is neighborhood organization membership voluntary or required?  Voluntary  Required (generally HOAs only)

If your organization is a coalition of at least two (2) neighborhoods or organizations, please list the member organizations and/or describe the coalition boundary: \_\_\_\_\_

The City would like to display primary contact information on the NOCL website to help new & existing residents/organizations connect with neighboring organizations. Are you the preferred contact for your organization?

- Yes, please display the contact info I provided
- No, please contact the following primary contact for verification:

Full Name: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_