

**ANNUAL REPORT FORM FOR NEIGHBORHOOD ASSOCIATIONS**  
**This form must be submitted within 60 days of your annual meeting month**  
**(Please remember to notify the ONC of your annual meeting at least 2 weeks in advance)**

Association Name: \_\_\_\_\_

Date of Annual Meeting: \_\_\_\_\_

**NOTE: Please attach a photo demonstrating method of Annual Meeting notice, e.g., flyer, newsletter, photo of neighborhood sign posting, copy of e-mail or text message, etc.**

How did you notice your Annual Meeting and How Many Notices Did You Send/Deliver?

Neighborhood Sign: \_\_\_\_\_ Sign in Prominent Location \_\_\_\_\_

Flyers \_\_\_\_\_ Website or Social Media Posting \_\_\_\_\_

E-mail/Text Message/Direct Message Through Social Media/Other Electronic Message \_\_\_\_\_

Total Affirmed Members: \_\_\_\_\_

**Officers of Association:\*\***

President:

Name:	E-mail:
Address:	Phone:
Zip Code:	Cell:

Vice-President:

Name:	E-mail:
Address:	Phone:
Zip Code:	Cell:

Secretary:

Name:	E-mail:
Address:	Phone:
Zip Code:	Cell:

Treasurer:

Name:	E-mail:
Address:	Phone:
Zip Code:	Cell:

\*If your association has other board members who would like to be added to our email communication list, please send their contact information to: [onc@cabq.gov](mailto:onc@cabq.gov)

Association Website: \_\_\_\_\_  
(Please indicate if you would like your association website added to the ONC's website)

Association E-mail: \_\_\_\_\_

**Association Contacts:**

These two contacts will receive notifications from the City of Albuquerque, developers, and others.

**Primary Contact:**

Name:	E-mail:
Address:	Phone:
Zip Code:	Cell:

**Secondary Contact:**

Name:	E-mail:
Address:	Phone:
Zip Code:	Cell:

**Neighborhood Association Sign:**

Does your neighborhood association have a sign? \_\_\_\_\_

If so, how many and where are they located?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

NOTE: this information is not mandatory but helps the ONC track the location of existing neighborhood signs for maintenance.

**Instructions for Completing This Form**

Complete using Adobe Acrobat Reader  
(free to download), save to your computer, and e-mail to:  
[onc@cabq.gov](mailto:onc@cabq.gov)

--OR--

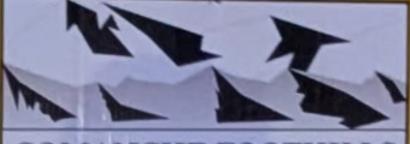
Print, complete by hand, scan and  
Email to: [onc@cabq.gov](mailto:onc@cabq.gov)  
Mail to: Council Services Department  
Office of Neighborhood Coordination (ONC)  
P.O. Box 1293  
Albuquerque, NM 87103

**\*\*Notice of Duty to Release Information**

In accordance with the provisions of the Inspection of Public Records Act, NMSA 1978, § § 14-2-1 et seq. (IPRA), any information you provide to the Office of Neighborhood Coordination (ONC), including but not limited to, name, address, email, phone number and all other information will become public record and is required to be released to anyone who requests it.

Dogs Must Be On A Leash  
Please Take Your Trash With You

Help Keep Your Park Clean  
Clean Up After Your Dog  
ord. # 9-2-3-8  
Dogs Must Be On A Leash  
At All Times  
ord. # 9-2-3-3  
Please Take Your Trash With You  
No Littering  
ord. # 10-1-1-70(2)  
Thanks!  
City Of Albuquerque  
Park Management Division  
Phone: 857-8650



COMANCHE FOOTHILLS  
Neighborhood Association

**EVENT MESSAGE**  
ComancheFoothills.org   
**ANNUAL MEETING**  
**SEPT. 18<sup>th</sup> 6:00-7:30**  
Holiday Park Community Center