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.

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?

☐ Apartment/HOA Management Group  ☐ HOA/Neighborhood Association
☐ Business or Merchants Association  ☐ Neighborhood Coalition
☐ Crime Watch Organization  ☐ Faith-based Organization
☐ Community Development Corporation (CDC)  ☐ 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: ____________________________

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