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?

_______________________________________________________________

**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:** ________________________________________

For more information, visit Community Engagement Division at charlottenc.gov/hns, e-mail 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)

□ 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
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