



**3. Coalition Contacts:**

These two contacts will be placed on a list of recognized neighborhood coalitions and 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:

Coalition Website (please indicate if you would like your website added to the ONC's webpage listing of recognized neighborhood associations and coalitions):

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Coalition E-mail Address: \_\_\_\_\_

**4. Evidence of Compliance with §14-8-2-4 of the Neighborhood Association Recognition Ordinance**

A. Compliance with §14-8-2-4(B)(2)(4): Note the section of your bylaws that reference how membership is affirmed.

Name of Individual Submitting Information:

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

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

**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



City of Albuquerque  
Office of Neighborhood Coordination  
P.O. Box 1293  
Albuquerque, NM 87103

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.

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This section for ONC use only

Compliance Form Approved by:

\_\_\_\_\_  
ONC Manager

\_\_\_\_\_  
Date