

Neighborhood Resources

City of Scottsdale 7506 E Indian School Road Scottsdale, AZ 85251 PHONE 480-312-3111 FAX 480-312-2888 WEB www.ScottsdaleAZ.gov

NEIGHBORHOOD NOTIFICATION PROGRAM REGISTRATION FORM

NOTE: The City of Scottsdale will not routinely disclose registrants' contact information to members of the public. The information may be required to be disclosed, however, in response to requests made pursuant to

Arizona Public Records laws and policies.

This form must be downloaded and filled out on your device before using the Submit button. Submit button will not work while form is open in web browser.

ORGANIZATION CLASSIFICATION: (check all that apply) □ Neighborhood Watch □ Neighborhood Organization □ Community Organization (school, church, etc.) □ Individual □ Other									
ORGANIZATION INFORMATION (Please Print):									
	Re			oresents					
Name of Organization					# of properties				
Does your organization have a Property Ma If Yes:		Management Company (PMC	C)?	☐ Yes	□ No				
	Name of Contact			E-mail Address	5				
	Mailing Address			Phone Numbe					
	How would the PMC prefer to re	☐ U.S. Mail	☐ E-Mail						
-	our organization have a newslett		□ No						
, -	Name of Contact		E-mail Address or Phone Number						
Does your organization have a website? If Yes:			☐ No						
	Website Address								
•	ı have set times when your organ		□ No						
-	When	Where							
What are the boundaries of your organization? Identify by streets, including which side of the street contained within boundaries (i.e. South side of Indian Bend Rd). Please attach a map if you have irregular boundaries. North: South:									
East:									

CONTACT INFORMATION (OTHER THAN PROPERTY MANAGEMENT):									
Primary Contact (REQUIRED) (Must be a <u>resident</u> within neighborhood boundaries):									
Name	Title (President, Captain, Owner, etc.)			Date Term of Office Ends					
Address	City		State	Zip Code					
Preferred Phone (include area code)	Alternate Phone (include area code)		E-mail						
How do you prefer to receive informa	tion from the City?	☐ U.S. Mail		☐ E-Mail					
ADDITIONAL CONTACT INFORMATION:									
Name	Title (President, Captain, Owner, etc.)			Date Term of Office Ends					
Address	City		State	Zip Code					
Preferred Phone (include area code)	red Phone (include area code) Alternate Phone (include area code)								
How does he/she prefer to receive inf		☐ E-Mail							
Name	Title (President, Capta	in, Owner, etc.)		Date Term of Office Ends					
Address	City		State	Zip Code					
Preferred Phone (include area code)	Alternate Phone (include area code)		E-mail						
How does he/she prefer to receive int		☐ E-Mail							
Name	Title (President, Capta	in, Owner, etc.)		Date Term of Office Ends					
Address	City		State	Zip Code					
Preferred Phone (include area code)	Alternate Phone (inclu	ide area code)	E-mail						
How does he/she prefer to receive inf		☐ E-Mail							

RETURN TO (SELECT ONE):

MAIL: Neighborhood Services – NNP City of Scottsdale

7506 E. Indian School Road Scottsdale, AZ 85251 SCAN/EMAIL:

neighborhoods@scottsdaleaz.gov

FAX:

480-312-2888