

Zone Atlas Map(s) showing boundaries of

Neighborhood Association is attached [] Yes [] No

Zone Map #: _____

(Please be sure all boundaries are named and designated - e.g., "middle of the street", "back lot line", etc.)

You may obtain a copy of the Zone Atlas Map(s) at the city's website at this URL:

<http://data.cabq.gov/business/addressatlas>

(Please outline the neighborhood association boundaries on this map. This information will be given to our AGIS Division to put on the City web page under neighborhood association maps.)

Name of person submitting information: _____

Phone: _____ Email: _____

NOTE: The Office of Neighborhood Coordination will review the items submitted and notify you within thirty (30) days as to whether the conditions of the Ordinance have been met. If you have any questions, please call us at 924-3914 or email us at ONC@cabq.gov.

NOTE:

(below this line for Office of Neighborhood Coordination use only)

Compliance Form Reviewed and Checked by:

Senior Administrative Assistant, ONC

Date

Compliance Form Approved by:

Neighborhood Liaison, ONC

Date