

Neighborhood Organization Registration Form

General Information (Please fill out in full so we may serve you more efficiently)

Organization: _____ Date Formed: _____

Mailing Address: _____

Phone: _____ Email: _____ Website URL: _____

Primary Contact Information

Name & Title: _____ Phone: _____

Address: _____ Email: _____

Organization Leadership (Names, Positions & Contact Information)

| Name | Title | Address & Phone # |
|------|-------|-------------------|
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| | | |

Organization Boundaries (Street Names)

| North | South | East | West |
|-------|-------|------|------|
| | | | |

Please describe how were these boundaries selected: _____

How Many of the following are within the boundaries of your neighborhood?

Single Family Homes _____ Mutli-family Homes _____ Churches _____ Vacant Lots _____ Commercial Properties _____ Schools _____

Please return completed form to: City of Jacksonville, Office of Livable Neighborhoods
815 New Bridge Street
Jacksonville, NC 28541

Email: lgray@jacksonvillenc.gov • Phone 910 938-5286

