CITY OF LAKEWOOD
NEIGHBORHOOD AND COMMUNITY ORGANIZATION
REGISTRATION FORM

Name of Organization/Association:	**Website:**
Official Mailing Address:	Attn: Street Address: City/State/Zip: Phone: Email:
Management Company or additional party: (if applicable)	Attn: Company Name: Street Address: City/State/Zip: Phone: Email:

Elected Officers (Name & Address):	**E-Mail Address**	**Phone #**
President:		
Vice President:		
Secretary:		
Treasurer:		

When is your annual meeting when officers are elected? (month):

Approximate # of households in organization:

Organization Boundaries: **PLEASE ATTACH A MAP OUTLINING THE BOUNDARIES OF THE ORGANIZATION, and indicate the boundaries of the organization below.**

North:

South:

East:

West:

Person Completing Registration: Phone #: Email:	Date:

For Office Use Only:
Date Received: _____
Initials: _____
Ward: _____
Type of Organization: NO / HOA / BA