



NEIGHBORHOOD ASSOCIATION APPLICATION

CERTIFICATION
RECERTIFICATION
OR CHANGE OF BOUNDARIES

WARD(S) NO.(S) _____

REGISTRATION DATE _____

APPLICATION FOR NEIGHBORHOOD GROUPS INTERESTED IN BEING CERTIFIED AND SERVED BY THE OFFICE OF INTEGRATED PLANNING, CITY OF TUCSON.

ASSOCIATION NAME: _____

PROPOSED BOUNDARIES: NORTH: _____
 EAST: _____
 WEST: _____
 SOUTH: _____

(Attach a map)

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Per Citizen Participation Guidelines (Approved by Mayor and Council July 6, 1992, Item I.C.1) "The organization must clearly involve a 'neighborhood' with boundaries clearly stated that do not overlap the boundaries of other neighborhood associations."

NOTE: If the boundaries your association proposes overlap those of another OIP registered association, you must demonstrate that the overlapping territory will create a contiguous and continuous addition to your association's proposed territory and that a majority of the residents/owners of properties within that overlapping territory wish to cease membership in the older existing association and wish to become a member of your new association.

Please further note that certification by the OIP office will qualify your association or group for OIP limited services and resources on a first come, first served basis. Certification is not intended or designed to qualify the applicant or its officers or members for membership, grants, standing, etc., with any other organization, agency or department. Satisfaction of other entities' requirements must be done independently of or in addition to the OIP certification process.

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APPLICATION FILED BY: _____

ADDRESS: _____ CITY: _____

STATE: _____ ZIP: _____ TELEPHONE: _____ E-MAIL: _____

SIGNATURE*: _____

BRIEF STATEMENT OF OBJECTIVES AND GOALS, CONCERNS AND INTEREST OF THE ASSOCIATION:

*By signing this application you affirm that you are duly authorized to speak/apply and act as contact on behalf of the applicant association/neighborhood group and affirm that you have read the attached (above-referenced) registration guidelines, that you understand them and that your association or group, intends to comply with these guidelines and to promptly develop and file By-laws consistent with those guidelines.

COMPLIANCE DATE: (OIP USE ONLY): _____