

APPLICATION FOR FORMAL RECOGNITION OF NEIGHBORHOOD ORGANIZATION

| Name of Neighborhood Organization: | | | |
|---|--|--|--|
| Neighborhood Boundaries (include all street names and block numbers for partial streets; may use subdivision/complex name): | | | |
| | | | |
| | | | |
| Estimated number of households in neighborhood: | | | |
| Is copy of your Constitution/By-Laws/Principles of Operation attached? Yes No | | | |
| Please list below the names, addresses, e-mail, and phone numbers of officers for your Neighborhood Organization. (If officers' titles are different than those listed, please indicate below.) | | | |
| President | | | |
| | | | |
| | | | |
| Vice President | | | |
| | | | |
| Secretary | | | |
| | | | |
| | | | |
| Treasurer | | | |
| | | | |
| | | | |

| When and where are regular neighborhood meetings to be held? | | |
|---|----------------------------------|---------------------|
| | | |
| When is the election of officers | s held? | |
| | | |
| Is membership to your organized neighborhood regardless of ramental disability? | | |
| Name, address, phone numbe | r, and e-mail of representativ | e to the RHCN |
| | | |
| Name, address, phone numbe | r, and e-mail of alternate to th | ne RHCN |
| | | |
| Application completed by (prin | t name): | |
| Applicant Title | Applicant Signature | Date of application |
| RETURN TO: | Terry Windell, Neighborho | ood Empowerment |

c/o City of Rock Hill P. O. Box 11706 Rock Hill, SC 29731

Your application will be presented at the next monthly meeting of the RHCN for consideration.