



**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 held? _____

Is membership to your organization open to anyone who lives or owns property in the neighborhood regardless of race, creed, color, sex, age, national origin or physical and mental disability? Yes _____ No _____

Name, address, phone number, and e-mail of representative to the RHCN

Name, address, phone number, and e-mail of alternate to the RHCN

Application completed by (print name): _____

Applicant Title

Applicant Signature

Date of application

RETURN TO: Arthdale Brown, Neighborhood 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.**