

The City of Bixby

Neighborhood/Homeowner Association Registration 2008

Please fill out and mail in the form below. In order to provide the most complete coverage, it is important that we have your organization boundaries on file. INCOG staff is using the boundaries provided on your neighborhood/homeowner association registration form to mail important notifications to neighborhood contacts. Please include the geographical areas your organization covers through meetings, newsletters, and Neighborhood Watch patrols. Thank you for your help.

Name of Association _____

Primary Contact Information:

Primary Contact Name _____
Contact Email _____
Primary Contact Address _____
Primary Contact Zip Code _____ Primary Contact Phone _____

Secondary Contact Information:

Name _____
Address _____
Zip Code _____ Phone _____

Please define the boundaries of the area served by your association

North _____
South _____
East _____
West _____

Would you like to receive:

Planning and Zoning Information Yes____ No____
Neighborhood Association Coordinators Office Mailings Yes____ No____

Number of homes within boundaries _____
Are you incorporated? Yes___ No___
Do you publish a newsletter? Yes___ No___
How often do you meet? Monthly____ Quarterly ____ Annually ____
Do you carry D&O Liability Insurance? Yes____ No____
Do you charge dues? Yes ___ No ___
If Yes, how much are dues? _____
Do you have a private pond that is maintained by your association? Yes____ No____
Do you have a common area that you maintain? Yes____ No____
What issues are important to your organization? (Please choose all that apply)
Traffic ___ Code Enforcement ___ Street Conditions ___ Flooding ___ Trash Containers___
Economic Development ___ Crime ___
List any other current issues being addressed _____
Are you interested in adopting a location or site near your area to clean up? Yes ___ No ___

Suggestions on how we can better serve you? _____