

Neighborhood profile

Name of Organization _____

Mailing Address _____

Phone _____ e-mail _____

Website _____

Where and when do you meet? _____

Location _____

Day & Time _____

LCON Delegate _____

Address _____ Zip _____

Phone _____ e-mail _____

What is purpose of your organization? _____

How many households does this group serve? _____

How do you become a member? _____

Do you represent a specific geographic neighborhood? Yes _____ No _____

What are your geographic boundaries (please provide map)?

North _____

South _____

East _____

West _____

Landmarks? _____

Does your organization have: a. Constitution? _____

b. By-Laws or Code of Ordinance? _____

c. Articles of Incorporation? _____

d. A registered Block Watch? _____

Do you have a neighborhood plan? _____

What year was it developed? _____ Date Updated _____

Do you have an official neighborhood event? _____

Do you have a newsletter? _____ How often published? _____