



**City of Bloomington
Housing and Neighborhood Development**

Neighborhood Association Registration Form

Neighborhood Association name: _____

Contact Person: _____

Address: _____

Phone: _____

Fax: _____

Email: _____

Please list below the executive officers or other representatives we should contact with information:

Name	Address	Phone # and email

Neighborhood boundary description:

North: _____

East: _____

South: _____

West: _____

Please attach a copy of the association by-laws and any additional information that the association has used in organizing.

Please return to HAND, P.O. Box 100, Bloomington, IN 47402