



APPLICATION

NEIGHBORHOOD GROUP REGISTRATION

All information provided, **except for personal email addresses**, may be released to the public in response to an open records request. However, if you are a Community Watch Group, per State Law the City will never release any information that identifies an individual as a participant in the group. A minimum of one email address must be provided in order to be considered registered in the Neighborhood Network.

New Update

Neighborhood Group Information

Type of Neighborhood Group:		
Homeowners Association	Condo Association	Townhome Association
Homeowners Association (voluntary)	Community Watch Group	Other (specify): _____

Neighborhood Group Name: _____

Mailing Address: _____ ZIP Code: _____

Email Address: _____

Website (will be linked to from City webpage): _____

Describe the neighborhood group boundaries (please also attach a map):

What year was your neighborhood group established? _____

Number of homes within boundaries: _____ Number of people who belong to your group: _____

Does your group have adopted bylaws? Yes No

Do you carry Directors & Officers (D&O) Liability Insurance? Yes No

Is your group a registered non-profit with the IRS? Yes (Type: _____) No

Do you have covenants/deed restrictions that are currently enforced? Yes No

Is your neighborhood a gated community? Yes No Partial (Please differentiate on map)

Do you have a private pond that is maintained by your neighborhood group? Yes No

Do you have a neighborhood group swimming pool? Yes No

Do you have other common areas that you maintain? Yes (Describe: _____) No

Do you publish a newsletter? Yes No

Do your members pay dues? Yes (Amount: _____) No

How often do you meet? _____

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Neighborhood Group Information *(continued)*

Who is eligible to be a member of your neighborhood group? *(ie. residents, businesses, organizations, etc.)*

Current Officers *(if any)*:

President: _____ Vice President: _____

Secretary: _____ Treasurer: _____

Primary Contact Information:

Name: _____ Office Held: _____

Phone Number: _____ Email Address: _____

Street Address: _____ ZIP Code: _____

Secondary Contact Information:

Name: _____ Office Held: _____

Phone Number: _____ Email Address: _____

Street Address: _____ ZIP Code: _____

Additional notes:

Neighborhoods will be considered registered by completing this form and providing at least one email address for the neighborhood or contacts.

Primary Contact Signature: _____ Date: _____

Neighborhood group registration must be updated annually or whenever contact information for the group changes.

Overlapping neighborhood group boundaries are permitted, but strongly discouraged.

Please submit this form along with a map of the neighborhood group boundaries to neighborhoods@cedarhilltx.com. If a map is not readily available, submit without a map and City staff will help you to define the boundaries.