

NEIGHBORHOOD REFERRAL PROGRAM REGISTRATION FORM

NEIGHBORHOOD ORGANIZATION: _____

MEETING DATE(S): _____

WARD NUMBER: _____

GEOGRAPHICAL BOUNDARIES (MUST FORM A CLOSED CONFIGURATION)

NORTH: _____

SOUTH: _____

EAST: _____

WEST: _____

FIRST CONTACT PERSON: _____

ADDRESS: _____

PHONE NUMBER: _____

FAX NUMBER: _____

E-MAIL ADDRESS: _____

SECOND CONTACT PERSON: _____

ADDRESS: _____

PHONE NUMBER: _____

FAX NUMBER: _____

E-MAIL ADDRESS: _____

Return Registration Form to:

Department of Planning & Development

Office of City Planning

P.O. Box 17 - Jackson, MS 39205- 0017

Fax or e-mail to : 960-2192 or eainsworth@city.jackson.ms.us

For Additional Information: Call: 960-2001

OFFICIAL USE:

DATE OF REGISTRATION: _____ **REGISTRATION # :** _____

STAFF SIGNATURE: _____

If your organization is not a member of the Jackson Association of Neighborhoods, please consider joining.