

## GADSDEN COUNTY APPLICATION FOR REGISTRY OF

## HOMEOWNERS & NEIGHBORHOOD ASSOCIATIONS & ORGANIZATIONS

Name of Association or Organization:			
	E-Mail Address:		
Authorized Representative (Please Print	t):		
Name:	Title in Assoc. or Org.:		
Address:			
Street or PO Box	City	State	Zip
E-Mail Address;	Phone (Day):		
Alternative Representative (Please Print	t <b>)</b> :		
Name:	Title in Assoc. or Org.:		
Address:			
Street or PO Box	City	State	Zip
E-Mail Address:	Phone (Day):_		
Type: FORMAL:	INFORMAL:		
Homeowners Association		Group (Courtesy N	Notification Only)
Neighborhood Association		, ,	2,
Condominium Association			
Umbrella Organization (Courtesy Notification	on Only)		
Please check if your boundaries include the	e entire County?		
Number of Homes: Number of Residen	ts: 1	Number of Membe	rs:
Contact the County GIS Division at (850) homeowners or neighborhood associati required to process the application.			-
Representative (Print Name)	Representative (Signature)		
	• • •	oval:	
Planning & Community Development Director or De	esignee		