



Neighborhood/Homeowner Association Registration Form

Neighborhood Association Information

Name of Association: _____

Association Boundaries (Indicate street names or landmark):

North: _____

East: _____

South: _____

West: _____

How many homes are located in the association's boundaries? _____ How many people currently belong to the association? _____

How long has the Neighborhood Association been in existence? _____

When are General Membership meetings?

Monthly Quarterly Annual Other: _____

Day of calendar month (ex: 1st Mondays of the month): _____

When are Officer/Board meetings?

Monthly Quarterly Annual Other: _____

Day of calendar month (ex: 1st Mondays of the month): _____

If the Neighborhood Association has a website, list URL: _____

Board Contact Information

Name: _____ Title: _____

Address: _____ ZIP: _____

Phone: _____ Email Address: _____

Check if primary contact for association

Name: _____ Title: _____

Address: _____ ZIP: _____

Phone: _____ Email Address: _____

Check if primary contact for association

Name: _____ Title: _____

Address: _____ ZIP: _____

Phone: _____ Email Address: _____

Check if primary contact for association

Name: _____ Title: _____

Address: _____ ZIP: _____

Phone: _____ Email Address: _____

Check if primary contact for association

Return Form To:

City of Irving | Communications Department - Neighborhood Services
825 W. Irving Blvd. | Irving, Texas 75060
Email: irvingneighborhoods@cityofirving.org
(972) 721-7600

Check List:

- Registration Form
- Copy of signed bylaws
- Copy of map of geographic boundaries (Neighborhood Services can assist with map)