



Neighborhood Information Sheet

Information listed on this form will be considered public record

Association Information:

Assn Name: _____
Assn Mailing Address: _____

(Street / P.O. Box) (City/State) (Zip Code)

Web Site (URL): _____ Email: _____

Boundaries: _____
(north) (south)

(east) (west)

Are you incorporated in the State of Florida? Yes No If Yes, FTIN #: ____ - ____ - ____

Parcels/Units: _____ # Members: _____ CCNA member? Yes No

Association Meeting Information: _____
(Date – e.g. first Monday of the month) (Time) (Place)

Board Meeting Information: _____
(Date – e.g. first Monday of the month) (Time) (Place)

Which of the following best describes your association:

- | | |
|---|---|
| <input type="checkbox"/> Neighborhood / Community | <input type="checkbox"/> Business / Merchants |
| <input type="checkbox"/> Civic | <input type="checkbox"/> Condo / Homeowners |
| <input type="checkbox"/> Crime/Neighborhood Watch Group | <input type="checkbox"/> Other: _____ |

President's Information:

Name: _____ Term Expires: _____

Mailing Address: _____
(Street / P.O. Box) (City/State) (Zip Code)

Email: _____

Phone Numbers: _____
(home) (work) (fax) (cellular/other)

Additional Contact Person:

Name: _____ Title: _____

Mailing Address: _____
(Street / P.O. Box) (City/State) (Zip Code)

Email: _____

Phone Numbers: _____
(home) (work) (fax) (cellular/other)

Person Completing This Form:

(Name) (Phone Number) (Date)

Please mail to: City of Sarasota
Neighborhood and Development Services
ATTN: Nancy Kelly
1565 First Street – Room 301
Sarasota, FL 34236

or fax to: (941) 954-2616
or e-mail to:
nancy.kelly@sarasotagov.com