

NEIGHBORHOOD BUSINESS DISTRICT PROFILE

Please complete all information indicated below.

Business District: _____

NBD email: _____

NBD Address: _____

President/Chairperson: _____

Phone: _____

Address: _____

Zip: _____

E-Mail: _____

Vice President/Vice Chair: _____

Phone: _____

Address: _____

Zip: _____

E-Mail: _____

Secretary: _____

Phone: _____

Address: _____

Zip: _____

E-Mail: _____

Treasurer: _____

Phone: _____

Address: _____

Zip: _____

E-Mail: _____

NBD Manager: _____

Phone: _____

Address: _____

Zip: _____

E-Mail: _____

Election Month: _____

Monthly Meeting Date and Time: _____

I hereby certify that the aforementioned information is correct.

X _____ Title _____ Date _____