

Department of Codes Administration NOTICE Neighborhoods Organized To Initiate Code Enforcement

APPLICATION FORM

Mail or deliver application to: Department of Codes Administration
c/o Bill Penn, Neighborhood CoordinatorPhone: 615 862-6516
FAX: 615 862-6514 Metro Howard Building 700 2nd Avenue, South Nashville, TN 37210 A) Legal Name of Organization: Type of Organization: ______ Neighborhood or Community Based Organization _____ 501 (c) (3) corporation (Include a copy of charter & by laws) B) Organizational Information: Meeting Place: _____ Time: _____ Day: ______ Address: _____ Phone/fax numbers:______ Email address: _____ Organization mailing address: 1) When was your organization formed? Please attach a copy of the names and contact information for the officers or board members of your organization. 2) What are the boundaries of your neighborhood?

Attach additional sheet if necessary.

3) Please list the names and contact information for your volunteer inspection team.

Name	Address	Phone	Email

C) Before completing this application, please read the following notes.

- 1. This program is provided for neighborhood groups/associations only. Individuals not belonging to a neighborhood association or group will not be able to participate.
- 2. Volunteer Inspection Teams will only report violations within the boundaries of the neighborhood the organization represents.
- 3. Volunteer Inspection Teams are prohibited from going onto private property. They will not discuss potential violations directly with their neighbors.
- 4. Reports of violation will only be accepted from Volunteer Inspection Team members who have received training from the Metro Codes staff.
- Participation in this program is voluntary and is subject to the terms and conditions specified during the Volunteer Inspection Team training. Any team member or organization which fails to follow these guidelines will not be allowed to continue their participation in the NOTICE program.

Applicant's Certification

I hereby certify that the above information is correct and that this application has been authorized by the applicant's governing body as an expression of the neighborhood's wishes.

I have read and understand the terms and conditions specified by this application.

Name:	Signature:
Title :(President or othe	er authorized official's printed name, title, and signature required)
Date:	
	OFFICE USE ONLY—Do not write below this line
Date of Training:	Location of Training:
Number Trained:	