



City of Springfield
NEIGHBORHOOD TEAM APPLICATION

Neighborhood Organization Name

TO BE COMPLETED BY A BOARD MEMBER OF THE NEIGHBORHOOD

My Neighborhood Team is comprised of the following neighborhood representatives:

1) Name: _____
Address: _____
E-Mail: _____
Phone: _____

2) Name: _____
Address: _____
E-Mail: _____
Phone: _____

3) Name: _____
Address: _____
E-Mail: _____
Phone: _____

4) Name: _____
Address: _____
E-Mail: _____
Phone: _____

Name: _____

Date: _____

Please return this completed form to:

City of Springfield
Neighborhoods and Planning Office
840 Boonville Ave
Springfield, MO
65802