

City of Knoxville
NEIGHBORHOOD ADVISORY COUNCIL
Nomination / Application Form

Contact Information If You are Nominating Someone Else

Your Name: _____

Daytime Phone: _____

E-mail: _____

Please fill out the rest of this form as best you can, based on what you know about the person you are recommending for the Neighborhood Advisory Council.

E-Mail this form to neighborhoods@cityofknoxville.org. Problems? Call 215-3232.

Applicant / Nominee Name: _____

I am interested in becoming a member of the Neighborhood Advisory Council :

___ As an at-large (city-wide) member

___ Representing Council District: 1___ 2___ 3___ 4___ 5___ 6___

Street Address: _____ Zip: _____

Neighborhood: _____

Length of time at this address: _____

Telephone: Home: _____

Work: _____

Cell: _____

E-Mail Address: _____

Are you a member of — or active in — your own neighborhood or resident association?

YES: _____ NO: _____

Name of Organization: _____

(See Next Page)

Please list the civic, community and neighborhood organizations in which you are or have been active. Please give organization names, dates of membership and offices held.

Why are you interested in applying for appointment to the Neighborhood Advisory Council?

What do you see as the most significant opportunities and/or threats facing Knoxville's neighborhoods?

Use this space to make any other comments or suggestions.