



Public Works and Development/Planning

10730 E. Briarwood Ave., #100 Centennial CO 80112 Phone: 720-874-6650 FAX 303-798-6054

www.co.arapahoe.co.us

Please Note: If you no longer are a Representative, please help us all by passing this on to the contact person within your association.

Dear Homeowners Association Representative:

Enclosed is a HOA worksheet for your completion. In order to maintain accurate records, we need current information regarding officers, election dates, addresses, phone numbers, or boundary changes. Please list all changes and return the form via fax or regular mail.

You may be interested to note that this information is supplied to the County Sheriff's Office for patrol and neighborhood watch programs as well.

PLEASE contact this department when there are ANY changes in Officers, Elections, Meeting times, etc.

Should you have any questions, please contact Jennifer Newton at Arapahoe County Planning Office 720-874-6650 I will be glad to assist you.

Thank You,

*Planning Assistant
Arapahoe County*

**Please fax or email response to:
jnewton@co.arapahoe.co.us fax: 303 798-6054**



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Referral List Request Form

Our databases contain thousands of names, and for legal purposes we require written documents to keep these up to date. This information is also supplied to the County Mapping office and other departments for use in Emergency services.

<input type="checkbox"/> Unincorporated Arapahoe County (Not within any city limits)	<input type="checkbox"/> Four Square Mile Area- Roughly Bounded by Mississippi & Yale and Dayton & Quebec	<input type="checkbox"/> Denver City & County	<input type="checkbox"/> City of Aurora	<input type="checkbox"/> Not Sure
Major Boundary streets of your complex:				
North	South	East	West	
Company name				
Name of Management Company (If any)				
Your Name (contact)				
Phone	Fax	E-mail	Cell	
Please describe your affiliation with this project	<input type="checkbox"/> I am the Primary Contact			
	<input type="checkbox"/> I am employed by a Management Company			
	<input type="checkbox"/> Other: Realtor _____			
Monthly Meetings: <input type="checkbox"/> Yes <input type="checkbox"/> No				
Date, location and times of any Regularly Scheduled Homeowners Meetings:				
Any Annual Election Month / Officers: Please check <u>ONE</u>				
<input type="checkbox"/> Jan <input type="checkbox"/> Feb <input type="checkbox"/> March <input type="checkbox"/> April <input type="checkbox"/> May <input type="checkbox"/> June <input type="checkbox"/> July <input type="checkbox"/> August <input type="checkbox"/> Sept <input type="checkbox"/> Oct <input type="checkbox"/> Nov <input type="checkbox"/> Dec				
Does your neighborhood belong to a crime watch program? <input type="checkbox"/> yes <input type="checkbox"/> no				

If you are new to this HOA list, Please send us a boundary map of your complex.

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