

CONTACT INFORMATION UPDATE FORM
LOCAL UPDATE OF CENSUS ADDRESSES PROGRAM

Our records indicate the following individuals are Contact Persons for your government. Please review the pre-printed information for each contact person and, if incorrect, print in the updated information.

Entity name

Contact ID

Entity ID

Person completing this form – Please print.


Name

Phone

CONTACT PERSON(S)

Phone

Ext.

FAX

E-mail

Is the above information correct? Yes No – Please make corrections below.

Title – Mark (X) one.

- | | | | |
|-------------------------------|-----------------------------------|---|---|
| <input type="checkbox"/> Ms. | <input type="checkbox"/> Mr. | <input type="checkbox"/> The Honorable | <input type="checkbox"/> Tribal Chairperson |
| <input type="checkbox"/> Miss | <input type="checkbox"/> Dr. | <input type="checkbox"/> Tribal President | <input type="checkbox"/> Tribal Governor |
| <input type="checkbox"/> Mrs. | <input type="checkbox"/> Governor | <input type="checkbox"/> Tribal Chief | |

Name

Name suffix – Mark (X) if appropriate. Jr. Sr. II III IV

Department name (e.g., Planning and Zoning, please do not abbreviate.)

Position (e.g., Mayor, Assessor, Tribal Chairperson; please do not abbreviate.)

Mailing address

City

State

ZIP Code

Phone

Ext.

FAX

E-mail

Please continue in next column.

Title – Mark (X) one.

- | | | | |
|-------------------------------|-----------------------------------|---|---|
| <input type="checkbox"/> Ms. | <input type="checkbox"/> Mr. | <input type="checkbox"/> The Honorable | <input type="checkbox"/> Tribal Chairperson |
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Please continue in next column.

NOTE – Within two weeks of receipt, please mail this form using the preaddressed envelope, or fax the form to:

**ATTN: Geography
U.S. Census Bureau**

Phone

FAX

TDD