

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
<input type="text"/>	<input type="text"/>	<input type="text"/>

Person completing this form - Please print. 

Name	Phone
<input type="text"/>	<input type="text"/>

CONTACT PERSON(S)

<input type="text"/>	Phone	Ext.
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	FAX	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	E-mail	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

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


Title - Mark (X) one.

Ms. Mr. The Honorable Tribal Chairperson
 Miss Dr. Tribal President Tribal Governor
 Mrs. Governor 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.)

Please continue in next column. 

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

Mailing address

City State ZIP Code

Phone Ext.

FAX

E-mail

<input type="text"/>	Phone	Ext.
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	FAX	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	E-mail	<input type="text"/>

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


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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**

<input type="text"/>	Phone	<input type="text"/>
<input type="text"/>	FAX	<input type="text"/>
<input type="text"/>	TDD	<input type="text"/>