

CONTACT INFORMATION UPDATE FORM
2020 CENSUS LOCAL UPDATE OF CENSUS ADDRESSES OPERATION (LUCA)

ENITIY ID:

Government Name:

Contact ID:

The person listed in Section A is associated by the Census Bureau as an organizational or program contact for the government listed above, as indicated by the mark in box or boxes below:

- | | |
|---|---|
| <input type="checkbox"/> Highest Elected/Appointed Official | <input type="checkbox"/> Appointed Regional Agency Planner |
| <input type="checkbox"/> Tribal Chair | <input type="checkbox"/> 2010 LUCA Liaison |
| <input type="checkbox"/> Governor's Liaison | <input type="checkbox"/> Geographic Support System Contact |
| <input type="checkbox"/> Census Contact Liaison | <input type="checkbox"/> Federal State Cooperative for Population Estimates Contact |
| <input type="checkbox"/> State Data Center Contact | <input type="checkbox"/> National States Geographic Information Council Contact |
| <input type="checkbox"/> GIS Contact | <input type="checkbox"/> Addressing Authority Contact |
| <input type="checkbox"/> Boundary and Annexation Survey Contact | |

Please indicate the status of the information in Section A by checking the appropriate box:

- Section A is **CORRECT**. (Return the form, even if the information is correct.)
- Section A is **INCORRECT**. (Update Section B and return the form.)

| A. <u>Contact Information</u> | | B. <u>New Contact and/or Updated Information (Please Print)</u> | |
|-------------------------------|-------|---|-------------------------------|
| Title | | Title - Mark (X) one ___ Mr. ___ Mrs. ___ Miss ___ Ms. ___ Dr. ___ The Honorable | |
| First Name | MI | First Name | MI |
| Last Name | | Last Name | |
| Name Suffix | | Name Suffix - (Jr., Sr., II, III, etc.) | |
| Department Name | | Department Name - (e.g., Board of Commissioners, Planning and Development) | |
| Position | | Position - (e.g., Chairman, Supervisor, Mayor) | |
| Term Expiration Date | Term | Term Expiration Date - (mm/dd/yyyy) | Term (e.g., 2 years, 4 years) |
| Preferred Address | | Preferred Address - (Number and street name or P.O. Box) | |
| City | State | City | State |
| ZIP | ZIP+4 | ZIP | ZIP+4 |
| Alternate Address | | Alternate Address - (Number and street name) | |
| City | State | City | State |
| ZIP Code | ZIP+4 | ZIP Code | ZIP+4 |

| | | | |
|-----------------|-------|---------------------------------|-----|
| Phone | Ext | Phone | Ext |
| Alternate Phone | FAX | Alternate Phone (includes cell) | FAX |
| Email | Email | | |

Name and Position of Person Completing This Form (Please print)

Name _____ Telephone Number () _____ Ext _____

Position _____

Email Address _____ Date _____

Complete this form, return it using the enclosed postage-paid envelope, and address it to ATTN: Geography LUCA Materials 63-E, National Processing Center, 1201 East 10th St, Jeffersonville, IN 47132. Rather than mailing, you may scan your completed form and email it to GEO.2020.LUCA@census.gov.