

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.