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| Form **F-500**  **[State Recognized Tribes Update Form]**  (XX-XX-XXXX)  OMB Control No. XXXX-XXXX | U.S. DEPARTMENT OF COMMERCE  ECONOMICS AND STATISTICS ADMINSTRATION  U.S. CENSUS BUREAU |

2020 Census Participant Statistical Areas Program (PSAP)

State Recognized Tribes Update Form

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| **Entity ID**  <Entity ID> | | **Government Name**  <Government Name> | | | | |
| Provide names of State Recognized Tribes that should be added to the enclosed U.S. Census Bureau (Census Bureau) list of State Recognized Tribes in Box 1. | | | | Box 1 | | |
| Provide names of State Recognized Tribes that should be removed from the enclosed Census Bureau list of State Recognized Tribes in Box 2. | | | | Box 2 | | |
| Provide name corrections to the enclosed Census Bureau list of State Recognized Tribes in Box 3. | | | | Box 3 | | |
| Are you interested in 2020 Census PSAP specific training provided by the Census Bureau? | | | | Yes  No | | |
| Do you have high-speed internet access? | | | | Yes  No | | |
| **Person Completing This Form** | | | | | | |
| Title | First Name & Middle Initial (MI) | | Last Name & Name Suffix | | | Professional Suffix |
| Dept. Name | | | | Position | | |
| **Contact Information** | | | | | | |
| Phone Number (xxx-xxx-xxxx) | | | | | Extension (xxxx) | |
| Email Address (John.Doe@example.com) | | | | | Date (DD/MM/YYYY) | |

Please see the back of this form for additional information.

*We estimate that completing this form will take 10 minutes on average. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to geo.psap@census.gov. This collection has been approved by the Office of Management and Budget (OMB). The eight digit OMB approval number that appears at the upper left of the form confirms this approval. If this number were not displayed, we could not conduct this survey.*