|  |  |
| --- | --- |
| Form **F-510****[RPAs/COGs/Counties Contact Update Form]**(XX-XX-XXXX)OMB Control No. XXXX-XXXX | U.S. DEPARTMENT OF COMMERCEECONOMICS AND STATISTICS ADMINSTRATIONU.S. CENSUS BUREAU  |

2020 Census Participant Statistical Areas Program (PSAP)

Contact Update Form

Please provide contact information for the Participant Statistical Areas Program (PSAP) primary participant for your government in the table below. In addition, please provide the contact information for any known technical person who will be assisting with the review and delineation using the Geographic Update Partnership Software (GUPS). If the primary participant will perform the actual review and update, indicate “Same” in the Technical Participant column. Please make copies of this sheet to list any additional technical participants.

|  |  |
| --- | --- |
| **Entity ID** <Entity ID> | **Government Name**<Government Name> |
| **Contact Data** | **Primary Participant** | **Technical Participant**  |
| Title |  |  |
| First Name & Middle Initial (MI) |  |  |
| Last Name |  |  |
| Name Suffix |  |  |
| Professional Suffix |  |  |
| Dept. Name |  |  |
| Position |  |  |
| Phone Number & Extension |  |  |
| E-mail Address*John.Doe@example.com* |  |  |
| **Preferred Mailing Address (PO BOX or City Style)** |
| Address |  |  |
| City |  |  |
| State |  |  |
| ZIP Code |  |  |
| **Alternate Address** |
| Address |  |  |
| City |  |  |
| State |  |  |
| ZIP Code |  |  |

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.*