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| Form **D-2001**(XX-XX-XXXX)OMB Control No. XXXX-XXXX | U.S. DEPARTMENT OF COMMERCEECONOMICS AND STATISTICS ADMINSTRATIONU.S. CENSUS BUREAU  |

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| **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:

🞏 Highest Elected/Appointed Official 🞏 Appointed Regional Agency Planner

🞏 Tribal Chair 🞏 2010 LUCA Liaison

🞏 Governor’s Liaison 🞏 Geographic Support System Contact

🞏 Census Contact Liaison 🞏 Federal State Cooperative for Population Estimates Contact

🞏 State Data Center Contact 🞏 National States Geographic Information Council Contact

🞏 GIS Contact 🞏 Addressing Authority Contact

🞏 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.)

|  |  |
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| 1. **Contact Information**
 | 1. **New Contact and/or Updated Information (*Please Print*)**
 |
| 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**.*