Attachment A

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М3

Remarks					
Special Request – Coronavirus Disease (COVID-19)					
To ensure accurate measurement of economic activity, the Census Bureau gathers information on events that may impact the data you provide. In the remarks section, please provide the following types of information:					
 During Mar, did this business temporarily close any of its locations for at least one day? Did delays in this business' product shipments impact Mar inventories? 					
If applicable, please provide any comments or any large differences in data from the prior month. Use this area for reporting remarks about your entries above.					
Survey Certification					
Your Name					

Building Permits Survey

Comments					
Special Request – Coronavirus Disease (COVID-19)					
To ensure accurate measurement of economic activity, the Census Bureau gathers information on events that may impact the data you provide. In the comments section, please provide the following types of information:					
• In the last month, was this office unable to issue permits as a result of a closure, lack of staffing, or any other reason?					
• Yes • No					
• If yes, in the last month, were permit backlogs caused as a result of a closure, lack of staffing, or any other reason?					
• Yes • No					
 If yes, in the last month, were permit backlogs cleared by the end of the reporting month or delayed into a future month? 					
 Backlogs were cleared by the end of the reporting month. Backlogs were delayed into a future month. 					
Please enter any comments about the information you provided. If no comments, click Next.					
Previous Next					

MWTS

			Form Number: SM4217 OMB No.: 060	7-0190 Approval Expires: 6/30/20
	l y Wholesale T i ng for: March 2020	rade		
Main Menu	Instructions	About the Survey	Contact Us	Logout
		Help 1	Felephone: 800.327.4389 (select o	option 3) (8am-4:30pm EST/N
Remarks				
Special Request -	Coronavirus Disease ((COVID-10)		
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information: • During March,	did this business tempora	arily close any of its locatio	ease provide the following ns for at least one day? pacted the value of March inv	
Please use this sp where data were o		ificant month-to-month	changes, to clarify respon	ses, or indicate
Change, change, vi	rus, etc.			
	Return to Form	Review Previous	Next	
Burden Statement	Accessib	<u>ility</u>	<u>Privacy</u>	<u>Security</u>

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OF THE CERE	ng for: March 202			
Main Menu	About Survey	Instructions	Contact Us	Logout
				Help Telephone: 1-800-772-785 (8:30am-5:00pm EST/M-F
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Special Request - Coro	onavirus Disease (COVID-19)			
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5	Help Telephone: 1-800-772-785 (8:30am-5:00pm EST/M-
emarks and Contact Information	
8 Remarks	
Special Request – Coronavirus Disease (COVID-19)	
To ensure accurate measurement of economic activity, the Census Bureau gathers information on events data you provide. In the remarks section, please provide the following types of information:	that may impact the
 During First Quarter, did this business temporarily close any of its locations for at least one day? Did this business experience any delays in its supply chain that impacted the value of First Quarter revenue? 	
Please use this space to explain any significant quarter-to-quarter changes, to clarify responses, or indica estimated.	ate where data were
9 Contact Information	