

## 2020 Census Participant Statistical Areas Program (PSAP) State Tribal Liaison Contact Update Form

Please provide the State Tribal Liaison contact information for the Participant Statistical Areas Program (PSAP) in the table below. In addition, provide contact information for any known technical persons that will be assisting with the delineation and review. If the liaison will perform both the actual delineation and review, indicate "Same" in the column for Technical Participant. Please make additional copies of this form, as necessary to include additional technical participants.

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

Return this contact update form by mail, using the enclosed postage-paid envelope, or scan and e-mail the form to [geo.psap@census.gov](mailto:geo.psap@census.gov), within two weeks of receipt. If you have questions, you may contact the Geographic Partnership Support Desk at 1-844-788-4921 from 8 a.m. to 8 p.m. EST Monday through Friday or send an e-mail to [geo.psap@census.gov](mailto:geo.psap@census.gov).

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](mailto: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.*

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