**PHASE 4 (POST 2020 CENSUS) CITY WARD BOUNDARY VERIFICATION FORM FOR THE DISTRICT OF COLUMBIA**

**OMB Number: 0607-0988
Expiration Date:** XX-XX-2024

I have reviewed the city ward boundaries, identifying numbers (and names if applicable). I certify that the boundaries, numbers, and names are correct as shown.

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|  | City Ward – (SLDU) |

I have reviewed the city ward boundaries, identifying numbers (and names if applicable). I certify that the boundaries are correct as shown, except for the following block assignments specified below:

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|  | City Ward – (SLDU) |

I have reviewed the city ward boundaries, identifying numbers (and names if applicable). I verify that the boundaries are correct as shown, except for the identified block assignments. In lieu of specifying the incorrect block assignments, codes, or names, we are providing corrections by sending a new block equivalency file via e-mail to rdo@census.gov.

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|  | City Ward – (SLDU) |

Date \_\_\_\_\_\_\_\_\_\_\_ Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_\_\_\_\_\_ Zip Code \_\_\_\_\_\_\_\_\_\_

E-mail \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Fax \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **County (code)** | **Census Tract** | **Census Block** | **Incorrect District #** | **Correct District #** |
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**Please return this form by e-mail to** **rdo@census.gov** **or by FAX at 301-763-4348**.