



OMB Control No.: 0607-0988  
Expiration Date: 11/30/2024

Form: Phase 4 Verification Form  
State Legislative Districts  
(2026)

## Phase 4 Verification Form State Legislative Districts

I have reviewed the 2026 state legislative district (SLD)<sup>1</sup> boundaries and associated codes, and I certify that the boundaries and codes correctly represent the districts submitted as part of Phase 4 of the Redistricting Data Program.

I have reviewed the 2026 SLD boundaries and associated codes, and I certify that the boundaries and codes are correct as shown, except for the block assignments specified in the table that appears on the second page of this form.

I have reviewed the 2026 SLD boundaries and associated codes, and I certify that the boundaries and codes are correct as shown, except for the block assignments I am sending in a block equivalency file to <[rdo@census.gov](mailto:rdo@census.gov)> in lieu of specifying the incorrect block assignments and/or codes in the table.

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

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

*We estimate that participating in the Redistricting Data Program will take eight hours on average. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to <[rdo@census.gov](mailto:rdo@census.gov)>. This collection has been approved by the Office of Management and Budget (OMB). The eight-digit OMB approval number that appears on this form confirms this approval. If this number were not displayed, we could not conduct this program. The Census Bureau conducts this program under the legal authority of Public Law 94-171, as amended (Title 13 United States Code (U.S.C.), Section 141(c)).*

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<sup>1</sup> For the District of Columbia and the Commonwealth of Puerto Rico, use this form for your specific geographic areas, i.e., wards and legislative districts. The acronym SLD is used generically on this form.

