This form contains confidential information	n, including	g Title 13 and Personally	/ Identifiable Information (PII	II),	the release of which is	prohibited b	y the Privacy	y Act of 1974
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Unite	ed St	ates
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CCII		
		Bureau

## ADDRESS REGISTER COVER PAGE Special Census

U.S. DEPARTMENT OF COMMERCE U.S. CENSUS BUREAU

SCID:			

AA:

1. ASSIGNMENT INFORMATION												
(a) FS	Name (1)			Employee ID (2)		Nυ	ephone Imber (3)	Date (month/day)  (4)  Assigned   Accepted To   From		Certification statement – I certify that the information is true to the best of my knowledge and the work completed according to Census procedures.  Signature – The FR/Reassigned FR and DQC FS must sign when the assignment is completed.		
(b) FR									T 		μ	
(c) Reassigned FR												
(d) DQC FS												
				2. DA	AILY PR	ROGRESS	RECORD					
(a) Date (month/	day)											
Number of	(b) Today											
Questionnaires Completed	(c) To Date											
(d) Callbacks Ou	ıtstanding											
3. Remarks												

<b>FS Certification statement –</b> I certify that I have reviewed the Address Register and all	
accompanying documents and that the work has been completed satisfactorily.	

**Signature –** FS must sign when the Address Register is accepted from the FR/Reassigned FR.

4. OFFICE	USE ONLY
Date of Office Review	Initials

The contents of this Address
Register are confidential by law
(Title 13, U.S. Code). It may be
seen only by sworn persons with
a need to know and used solely
for statistical purposes.

OMB No. xxx-xxxx

	United	States®								U.S	S. DEPARTMENT OF CO U.S. CENS	OMMERCE US BUREAU
2	<u> ens</u>	SUS Bureau						S LIS	T PAGE			
SC	ID:		State:			,	Speci		iisus	Print Date/Time	e	
	AA:		County: _							Pag	e of	
Line No.	Barcode ID	Do Not Interview	Action Code	Date Listed	Address Status	Address	Block No.	Map Spot No.		Location Address or Physical Location Description		FS Use
NO.	טו	interview	Code	(month/day) (5)	Sialus	Туре		INO.	Address No.	Street Name and Type (12)	Apt/Unit No.	Only
				Date SC-Q Completed (month/day)						Physical Location Description  (13)		
(1)	(2)	(3)	(4)	(6)	(7)	(8)	(9)	(10)	(11)	GQ or TL Name/Facility Name	(16)	(17)
1												
2												
3												
4												
5												
6												
7												
		Actio	1 Codes	- For entry in column	(4):	1	Acti	ion Codes -	Do Not Intervie	ew: Address Type:	Address St	atus:
<b>C</b> –	Verified Correction Uninhabita	N - E -	Nonreside Empty Mo		CW – Can D2 – Dupli		<b>Z</b> – G <b>T</b> – T	Group Quarter	s (GQ)	S - Single Unit T - Trailer/Mobile Home M - Multi Unit O - Other	HU - Housing U GQ - Group Qu TL - Transitory	Jnit arters

FORM <b>SC-921</b> (8-12-2022)	Page of	OMB No.xxxx-xxxx Approval Expires xx/xx/xxx

	This listing co	ntains confident	ial informati	ion, including Title 13	and Personally Identifiable Information (PII), the re	lease of which is	prohibited	by the Privacy Act of 197	74	
C	United States®  ENSUS  Bureau			ADD Specia	U.S. DEPARTMENT U.S PAGE I Census	OF COMMERCE CENSUS BUREAU	SCID:		Address Status:  HU - Housing Unit GQ - Group Quarters TL - Transitory Location	
Line	Case ID	Date Listed	Address		Location Address or Physical Location Descrip	ption		GQ or TL Nan	ne/Facility Name	FS
No.	(from Form SC-Q)	(0)	Status	Address	Street or Road Name	Apt/Unit N	lo.		12)	Use
		Date SC-Q Completed		No.	Physical Location Description	(10) _ ZIP Cod	_ — — —		13)	-
(1)	(3)	(5)	(6)	(7)	(9)	(11)			14)	(15
										-
										_

FORM <b>SC-901</b> (11-3	)22)	OMB No.xxxx-xxxx Approval Expires xx/xx/xxxx
	This listing contains confidential information, including Title 13 and Personally Identifiable Information (PII), the release of which is prohibited by the Priva	acy Act of 1974.
1	U.S. DEPARTMENT OF COMM U.S. CENSUS BU	ERCE SCID:
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	Bureau Special Census	
Line	Notes	<u> </u>
No.		
(1)	(2)	
I		

<b>∠</b> United States®
Census
Bureau

## NOTES PAGE - (Continued) Special Census

Line No.	Notes
(1)	(2)