

**RETURN TO**

**U.S. Census Bureau**  
 1201 East 10th Street  
 Jeffersonville, IN 47132-0001

FORM **G-30**  
 (10-1-2001)

U.S. DEPARTMENT OF COMMERCE  
 Economics and Statistics Administration  
 U.S. CENSUS BUREAU

**2002 CENSUS OF GOVERNMENTS  
 LOCAL GOVERNMENT DIRECTORY SURVEY  
 (SPECIAL DISTRICT GOVERNMENTS)**

In correspondence pertaining to this report, please refer to the Census File Number above your address

**INTERNET RESPONSE: If you prefer, you may respond to this survey via the Internet at the following web address: <http://harvester.census.gov/cds/index.html>. You will need your User ID to access the Internet form.**

**User ID**

*(Only make corrections to errors in the above label)*

**CORRECTIONS TO SPECIAL DISTRICT GOVERNMENT NAME AND ADDRESS**

Special district name	Office			
Official address – Number and street or post office box	City	State	ZIP Code	

*(All respondents provide the information below)*

**DATA SUPPLIED BY**

Name			Title		
Telephone		FAX		E-MAIL	
Area code	Number	Extension	Area code	Number	

**IMPORTANT**

**▶ If this agency has ceased to exist, please mark (X) the box at the right, enter the effective date, and return the form.**

EFFECTIVE DATE		
Month (MM)	Day (DD)	Year (YYYY)
		<input type="checkbox"/>

**1. E-GOVERNMENT**

- a. **Is official information about your agency's central activities presented on an Internet web site where the content is maintained or controlled by your agency?**
- 1  Yes – Enter the web address (e.g. [www.mylocalgov.state.us](http://www.mylocalgov.state.us)) ↙
- 
- 2  No
- b. **Can the public communicate or transact business with your agency using the Internet, e-mail, or other computer-based systems?**
- 1  Yes
- 2  No



**2. FISCAL YEAR**

What is your agency's fiscal year ending date?

MM DD

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**3. INCORPORATION DATE**

Was your district formed after June 30, 1997?

1  Yes – Enter 4-digit year →

2  No

**4. AUTHORIZING LEGISLATION**

If known, enter the legal citation of the state authorizing legislation under which your agency was formed.

**5. AREA SERVED**

Mark (X) the ONE box that describes the area covered by your agency.

- 1  An area with exactly the same legal boundaries as one particular county – Specify county ↴
- 2  An area with exactly the same legal boundaries as one particular city, village, town, or township – Specify unit ↴
- 3  An area whose legal boundaries are contained wholly within one county and are not exactly the same as the county, a particular city, town, village, or township – Specify county and/or principal city, town, village, or township ↴

County
Principal city, town, village, or township

- 4  An area whose legal boundaries encompass part or all of two or more counties – Specify state abbreviation and county name ↴

State	County



**6. FUNCTIONS**

*Enter the percent of total expenditure for each activity performed by your agency. **The total should equal 100%.***

Activities	Percentage (%)
Airports	01 %
Cemeteries	02 %
Corrections	05 %
Drainage of agricultural lands	51 %
Electric utility	92 %
Fire protection	24 %
Flood protection	63 %
Gas utility	93 %
Health (other than hospital)	32 %
Hospital	40 %
Housing/community development	50 %
Industrial development	41 %
Irrigation, water conservation	64 %
Law enforcement (police)	62 %
Library	52 %
Mortgage credit	42 %
Nursing home	79 %
Parks, recreation	61 %
Parking facility	60 %
Public transit	94 %
Reclamation	86 %
School buildings	09 %
Sea and inland port facilities	87 %
Sewerage	80 %
Soil, water conservation	88 %
Solid waste collection, disposal	81 %
Streets, roads, highways, bridges	44 %
Water utility	91 %
Other – Specify →	89 %



**7. OPERATIONS**

For the function(s) marked on page 3, is your agency –  
Mark (X) ALL that apply.

- 1  Directly providing programs or services using your own employees
- 2  Indirectly providing programs or services by contractual arrangements
- 3  Constructing public facilities either by contract or with your own employees
- 4  Financing public facilities or services by issuing public debt
- 5  Leasing public buildings or facilities to others

**8. TAXING POWERS**

- a. Does your agency have legal authority to impose a property tax?
- b. Does your agency have legal authority to impose sales, payroll, or other nonproperty taxes?

- 1  Yes
- 2  No
- 1  Yes
- 2  No

**9. FINANCES**

- a. **REVENUE – Report in whole dollars.**  
Enter the amount of revenue raised by your agency in the last completed fiscal year (include all taxes, charges, state or Federal grants, etc., but exclude borrowings). **If none, enter 0.** →
- b. **EXPENDITURE – Report in whole dollars.** Enter the amount expended by your agency in the last completed fiscal year. **If none, enter 0.** →
- c. **DEBT – Report in whole dollars.** Enter the amount of your agency's outstanding debt at the end of your last completed fiscal year. **If none, enter 0.** →

\$ \_\_\_\_\_ .00

\$ \_\_\_\_\_ .00

\$ \_\_\_\_\_ .00

**10. EMPLOYMENT AND PAYROLL**

If your agency has no paid employees/officials mark (X) here and check the appropriate box. →

- 1  This agency MAY have paid employees/officials in the future
- 2  This agency IS NOT LIKELY to have any paid employees/officials in the future

For your most **recent pay period** report the number of full-time and part-time staff employed by your agency.

**Include** persons paid for personal services performed, including persons in paid leave status; any officials paid on a salary basis; by fees or commissions; on a per meeting basis; or a flat sum quarterly, semiannually, or annually; temporary or seasonal employees.  
**Exclude** employees on unpaid leave, unpaid officials, pensioners, and contractors and their employees.

If actual number is not available, enter an estimate.

- (a) **NUMBER OF FULL-TIME EMPLOYEES:** → \_\_\_\_\_  
Persons employed to work the number of hours that represents regular full-time employment for your agency.
- (b) **NUMBER OF PART-TIME EMPLOYEES:** → \_\_\_\_\_  
Persons employed to work daily or hourly for less than the number of hours that represents full-time employment.

For your most **recently completed Fiscal Year** report **annual gross payroll** (before deductions).

**Include** salaries, wages, fees, or commissions, overtime, premium, night differential pay, bonuses and incentive payments.  
**Exclude** lump sum payments, and the value of living quarters and subsistence allowances furnished to employees.

(c) **GROSS ANNUAL PAYROLL AMOUNT:** → \$ \_\_\_\_\_ .00

