



# 1997 ECONOMIC CENSUS SHORT FORM

OMB No. 0607-0834: Approval Expires 12/31/99

**DUE DATE** ▶ **FEBRUARY 12, 1998**

This form is being sent in lieu of the regular economic census form in order to minimize reporting burden.

**FI-6598**

Please answer the questions on this form and return it in the enclosed envelope to:

BUREAU OF THE CENSUS  
1201 East 10th Street  
Jeffersonville, IN 47134-0001

**Census use**

*(Please correct any errors in name, address, and ZIP Code.)*

**YOUR RESPONSE IS REQUIRED BY LAW.** Title 13, United States Code, requires businesses and other organizations that receive this questionnaire to answer the questions and return the report to the Census Bureau. By the same law, **YOUR CENSUS REPORT IS CONFIDENTIAL.** It may be seen only by Census Bureau employees and may be used only for statistical purposes. Further, copies retained in respondents' files are immune from legal process.

**Item 1. PHYSICAL LOCATION**

**a. Is this establishment's physical location the same as the address shown in the label?** (P.O. box and rural route addresses are not physical locations)

093 1  Yes 2  No – Report physical location below

Number and street

City, town, village, etc.

State

ZIP Code

**b. Is this establishment physically located inside the legal boundaries of the city, town, village, etc.?**

095 1  Yes  
2  No  
3  No legal boundaries  
4  Do not know

**c. In what type of municipality is this establishment physically located?**

096 1  City, village, or borough  
2  Town or township  
3  Other – Specify \_\_\_\_\_  
4  Do not know

**d. In what county (e.g., Dade County) is this establishment physically located?**

**Item 2. KIND OF BUSINESS OR ACTIVITY**

**What was this establishment's PRINCIPAL kind of business or activity in 1997?**

Mark (X) only ONE box.

**Lessors of residential properties**

070

Lessor of apartment buildings (5 or more housing units per building) . . . . .  651300 6

Lessor of apartment buildings (2 to 4 housing units per building) . . . . .  651400 4

Lessor of retirement housing (5 or more housing units per building) . . . . .  651300 6

Lessor of single-family houses, including townhouses . . . . .  651400 4

Lessor of manufactured (mobile) home sites . . . . .  651500 1

Trailer park or recreational vehicle park, except residential . . . . .  703300 4

Lessor of other residential buildings – Describe . . . . .

**Lessors of nonresidential properties**

Lessor of office/professional buildings . . . . .  651210 7

Shopping center, retail shops – lessor of property only . . . . .  651230 5

Hotel or motel buildings – property ownership and leasing . . . . .  651291 7

Lessor of industrial buildings . . . . .  651220 6

ITEM 2 CONTINUED ON PAGE 2

**Item 2. KIND OF BUSINESS OR ACTIVITY – Continued**

**Lessors of nonresidential properties –**

Continued 070

Lessor of piers, docks, and associated buildings and facilities . . . . .  651291 7

Self-service storage or miniwarehouses . . . . .  422520 7

Lessor of other nonresidential buildings – Describe . . . . .

**Other real estate**

Subdividing and preparing your land into lots intended for sale . . . . .  655200 4

Construction of buildings on land owned by you, intended for rent or lease – Describe type of building . . . . .

**Other kind of business or activity – Describe**

**REMARKS – Continued**

**REMARKS** – Please use this space for any explanations that may be essential in understanding your reported data.

**Item 3. CERTIFICATION** – This report is substantially accurate and has been prepared in accordance with instructions.

<b>Period covered by this report</b>	FROM:	Mo.	Year	TO:	Mo.	Year

Name of person to contact regarding this report – *Print or type*

Title

Telephone	Area code	Number	Extension
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Signature of authorized person	Date
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