
U.S. DEPARTMENT OF COMMERCE BUREAU OF THE CENSUS
FORM
RT-5504

1997 ECONOMIC CENSUS GASOLINE STATIONS

OMB No. 0607-0826: Approval Expires 08/31/99

## DUE <br> FEBRUARY 12, 1998

If you have questions about
completing this report, please call RT-5504 or write the Census Bureau. In any communication, be sure to refer to the 11-digit Census File
Number (CFN) printed in the label to the right. Please return your completed report to:

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

Toll-free assistance, 8:00 a.m. to 8:00 p.m., eastern time, Monday through Friday:

1-800-233-6136
Please read the accompanying instructions before answering
the questions.
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 14. OWNERSHIP, CONTROL, AND LOCATIONS OF OPERATION - Continued
d. How many establishments operated under the Employer Identification Number shown in the label (or as corrected in item 1) AT THE END of 1997?

If more than one, provide the physical location address and other information indicated below for each establishment. The headquarters location should be first, followed by all other locations. If more room is needed, continue in the same format in REMARKS or on a separate sheet of paper.

Estimates are acceptable if book figures are not available.


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

Item 15. CERTIFICATION - This report is substantially accurate and has been prepared in accordance with instructions.

| Period covered by this report | FROM: Mo. | Year | TO: Mo. | Year | Name | ort - P |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Telephone | Area code | Number | Extension |  | Title |  |
| Signature of authorized person |  |  |  |  |  | Date |

