

RETURN TO	U.S. Census Bureau 1201 East 10th Street Jeffersonville, IN 47132-0001	FORM G-30 (8-17-2006)	U.S. DEPARTMENT OF COMMERCE Economics and Statistics Administration U.S. CENSUS BUREAU 2007 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

Please check here if your address has changed.

INTERNET RESPONSE: If you prefer, you may respond to this survey via the Internet at the following web address: http://harvester.census.gov/cdsnet . You will need your User ID to access the Internet form.	User ID <input style="width:95%;" type="text"/>
--	---

(Only make corrections to errors in the above label)

CORRECTIONS TO SPECIAL DISTRICT GOVERNMENT NAME AND ADDRESS	Special district name			
	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. <input type="checkbox"/>	EFFECTIVE DATE		
			Month (MM)	Day (DD)	Year (YYYY)

1. WEB ADDRESS

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) ↘

2 No

2. AUTHORIZING LEGISLATION

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

3. GOVERNING BOARD

The governing board of this agency is selected by –

	Check all that apply
a. Popularly elected	<input type="checkbox"/>
b. Appointed by local officials	<input type="checkbox"/>
c. Appointed by state officials	<input type="checkbox"/>
d. Consists of local or state officials serving in an ex officio capacity	<input type="checkbox"/>
e. Other – Specify ↘	<input type="checkbox"/>



4. Enter the percent of total activity performed by your agency for each function. If your agency performs only one activity, then enter 100 next to that activity. The total of all your agency's activities should equal 100%.

Activities	Percentage (%)	Activities	Percentage (%)
a. Airports	01 %	p. Mortgage credit	42 %
b. Cemeteries	02 %	q. Nursing home	79 %
c. Correctional Institutions	05 %	r. Parks, recreation	61 %
d. Drainage of agricultural lands	51 %	s. Parking facilities	60 %
e. Electric supply	92 %	t. Public transit	94 %
f. Fire protection	24 %	u. Reclamation	86 %
g. Flood protection	63 %	v. School buildings	09 %
h. Natural gas supply	93 %	w. Sea and inland port facilities	87 %
i. Health (other than hospital)	32 %	x. Sewerage	80 %
j. Hospital	40 %	y. Soil, water conservation	88 %
k. Housing/community development	50 %	z. Solid waste collection, disposal	81 %
l. Industrial development	41 %	aa. Streets, roads, highways, bridges	44 %
m. Irrigation, water conservation	64 %	bb. Toll highways, ferries	45 %
n. Law enforcement (police)	62 %	cc. Water supply	91 %
o. Library	52 %	dd. Other – Specify	89 %

5. EMPLOYMENT AND PAYROLL

Your answers to the questions below will be used as your response to the 2007 Census Employment Survey. However, if you do not respond to these questions, you will receive a 2007 Employment Survey form in March 2007. If actual numbers are not available, enter an estimate.

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 the **month of October 2006**, 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 or on a per meeting basis.

Exclude employees on unpaid leave, unpaid officials, pensioners, and contractors and their employees.

(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 the daily or hourly for less than the number of hours that represents full-time employment.

For the **month of October 2006**, report the gross payroll for full-time and part-time employees.

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 OCTOBER PAYROLL FOR FULL-TIME EMPLOYEES:** → \$.00

(d) **GROSS OCTOBER PAYROLL FOR PART-TIME EMPLOYEES:** → \$.00

(e) **NUMBER OF HOURS WORKED BY PART-TIME EMPLOYEES DURING THE MONTH OF OCTOBER 2006:** →

