

**RETURN TO**

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

FORM **G-28**  
 (10-1-2001)

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

**2002 CENSUS OF GOVERNMENTS  
 LOCAL GOVERNMENT DIRECTORY SURVEY  
 (MUNICIPAL AND TOWNSHIP 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 GOVERNMENT NAME AND ADDRESS**

Government 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 government 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)
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**1. E-GOVERNMENT**

**a. Is official information about the central activities of your government presented on an Internet web site where the content is maintained or controlled by your government?**

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 one of more departments of your government using the Internet, e-mail, or other computer-based systems?**

1  Yes

2  No



**2. FISCAL YEAR**

MM DD

**What is your government's fiscal year ending date?**

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**3. PUBLIC SERVICES**

**Which of the following public services does your government provide or contract for?** *Include services provided by boards, agencies, or commissions fiscally controlled by your government. Mark (X) ONE OR MORE boxes as appropriate for each service listed. (For example, one portion of service is provided directly and another portion is contracted.)*

Service		<i>(Mark (X) ONE OR MORE boxes as appropriate for each service below)</i>			
		Does not provide or contract for this service (1)	Directly provides this service (2)	Contracts privately for this service (3)	Contracts with another government for this service (4)
<b>a.</b>	Airports 01	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>b.</b>	Ambulances 32	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>c.</b>	Cemeteries 03	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>d.</b>	Corrections (jails) 05	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>e.</b>	Electric utility 92	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>f.</b>	Fire protection 24	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>g.</b>	Gas utility 93	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>h.</b>	Health (other than hospitals) 32	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>i.</b>	Hospitals 36	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>j.</b>	Housing and community development 50	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>k.</b>	Law enforcement (police) 62	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>l.</b>	Libraries 52	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>m.</b>	Nursing homes 79	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>n.</b>	Parks and recreation (include stadiums and convention centers) 61	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>o.</b>	Public transit 94	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>p.</b>	Sewerage system 80	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>q.</b>	Solid waste management (include landfills, dumps, resource recovery, refuse collection) 81	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>r.</b>	Streets, roads, highways, bridges 44	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>s.</b>	Water utility 91	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



**4. BORROWING**

Enter the amount of your government's outstanding debt at the end of your last completed fiscal year.  
**If none, enter 0.**

\$  .00

Report in whole dollars.

**5. EMPLOYMENT AND PAYROLL**

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

**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 government.

**(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

Notes

