SUMMARY SHEET
State and Local Government Information (EEO-4)

CONTROL NUMBER

NAME OF JURISDICTION: _____ TOTAL FULL-TIME EMPLOYMENT: _____

A. Circle the functions *Covered* in the attached report:

1. Financial Administration
2. Streets and Highways
3. Public Welfare
4. Police Protection
5. Fire Protection
6. Natural Resources
7. Hospitals & Sanatoriums
8. Health
9. Housing
10. Community Development
11. Corrections
12. Utilities & Transportation
13. Sanitation & Sewage
14. Employment Security
15. Other

B. Circle the functions *Not Covered* in the attached report that are not performed by your jurisdiction:

1. Financial Administration
2. Streets and Highways
3. Public Welfare
4. Police Protection
5. Fire Protection
6. Natural Resources
7. Hospitals & Sanatoriums
8. Health
9. Housing
10. Community Development
11. Corrections
12. Utilities & Transportation
13. Sanitation & Sewage
14. Employment Security
15. Other

C. Circle the functions *Not Covered* in the attached report which will be reported at a later date. Specify date of filing next to function:

1. Financial Administration _____
2. Streets and Highways _____
3. Public Welfare _____
4. Police Protection _____
5. Fire Protection _____
6. Natural Resources _____
7. Hospitals & Sanatoriums _____
8. Health _____
9. Housing _____
10. Community Development _____
11. Corrections _____
12. Utilities & Transportation _____
13. Sanitation & Sewage _____
14. Employment Security _____
15. Other _____

D. As stated on page 2 of the instruction booklet, if one official can certify as to the accuracy and completeness of the entire EEO-4 report, the following certification may be used.

CERTIFICATION: I certify that the information in the attached EEO-4 reports is complete, correct and true to the best of my knowledge and was reported in accordance with EEO-4 instructions (Willfully false statements on the attached EEO-4 reports are punishable by law, U.S. Code. Title 18, Section 1001.)

TELEPHONE NUMBER	TYPED NAME/TITLE OF AUTHORIZED OFFICIAL	SIGNATURE	DATE