

Republic of the Marshall Islands
2011 CENSUS OF POPULATION AND HOUSING
Economic Policy, Planning and Statistics Office

TRANSMITTAL/RECEIPT FORM

Atoll/Island: _____

Supervisor: _____

Zone/Islet: _____

Supervisor ID: _____

DESCRIPTION OF MATERIALS	Unit	Qty Sent	Qty Rec'd	Remarks

I hereby transmit the
Materials as indicated above.

I hereby acknowledge receipt
of the above materials

Transmitting Office
Print & Sign Over Printed Name

Receiving Officer
Print & Sign Over Printed Name

Designation

Designation

Date: _____

Date: _____