Capital and Repair Expenditures

Deadline for receipt: June 8, 2001

Collected under the Authority of the *Statistics Act*, Revised Statutes of Canada, 1985, Chapter S-19
Completion of the questionnaire is a legal requirement under this Act
Confidential when completed

Si vous préférez recevoir ce questionnaire en français, veuillez cocher ou téléphoner.

FORM A2

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Correct pre-printed label information if necessary using the corresp	ponding boxes below:	\wedge
Legal Name	Mail Contact Name	
Business Name	Title	
Location	Address	Postal Code (ZIP code)
	Number (Extension
Principal Activity Type of Ownership (Please see Reporting Guide)	_ / / _ \	<u> </u>
	For Statistics Canada Use Only	H.R.'d SMO V. Corr.
Introduction		
SURVEY PURPOSE: This survey collects data on capital and repair expenditures in C trade associations, universities and international organizations for CONFIDENTIALITY:		
Statistics Canada is prohibited by law from publishing any stationary identifiable business without the previous written consent of that used for statistical purposes and published in aggregate form. Access to Information Act or any other legislation.	t ousiness. The data reported on this question	naire will be treated in strict confidence,
	<u></u>	
Do you need a Please call (613) \$	estionnaire(s) in the enclosed envelope to Inv	estment and Capital Stock Division,
REPORTING PERIOD: For the purpose of this survey, please report information for you 2000 and December 31,2000.	ur 12 month fiscal period for which the FINAL	. DAY occurs on or between January 1,
If your fiscal year ends in January, February or March, and 2001, please do so. Please clearly indicate below the period		ost recent fiscal year ending in early
DATA CHARING AGREMENTS		
DATA SHARING AGREEMENTS: To avoid duplicating survey activity, Statistics Canada has enterdata. This is done in accordance with the Federal Statistics A accompanying Reporting Guide. Please note that Statistics Revenue Agency.	ct and corresponding provincial and territoria	I legislation. Details are outlined in the
Name of person completing this questionnaire: (please print)		
First Name	Family Name	
Title:	•	
Telephone Number Ext.	Fax Number	Date completed:
Signature:		

I certify that the information contained herein is complete and correct to the best of my knowledge.

SECTION B: Changes in Capital Expenditures What For TABLE DOLLAR Non-Residential For Capital				Α	CTU	AL 2000					
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THANK YOU FOR YOUR CO-OPERATION

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