

## BOUNDARY AND ANNEXATION SURVEY (BAS) INCORPORATED PLACES

Boundaries as of —

**GENERAL INSTRUCTIONS**

**To report boundary changes for your incorporated place, please complete this form.**

- It is important that all questions on the form are answered completely.
- If there are no boundary changes to report, please review the form and return only the "NO CHANGE" postcard provided with your materials or respond electronically at <http://www.census.gov/geo/www/bas/bashome.html>.
- Please do not return all of the maps. Sign and return only the maps with changes.
- Return the completed form(s) and updated map(s) within 15 days using the preaddressed envelope or return label.
- For further instructions on filling out this form, please refer to the BAS Respondent Guide.

<b>A.</b> Incorporated place	Type	State
<b>B.</b> County(ies), parish(es), borough(s), or other statistically equivalent area(s) (code)	<b>C.</b> Minor civil divisions (code)	

BAS ID		STATE CODE		PLACE CODES	Former FIPS
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**Question 1** NAME, TYPE, COUNTY, OR MINOR CIVIL DIVISION CHANGE – Please mark (X) the appropriate boxes.

**1a.** Are the name and type (i.e., city, town, village, borough) of this incorporated place correct as shown in box A, at the top of the page?

Effective date of change

<input type="checkbox"/> Yes – Continue with question 1b. <input type="checkbox"/> No – Enter correction here. →	Name:	Type:	Date: (Month/Day/Year)
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**1b.** Is the list of the county(ies) or equivalent area(s) and minor civil division(s) within which this incorporated place is located correct as shown in boxes B and C, at the top of the page?

Yes – SKIP to question 2.  
 No – Enter correction(s) in question 1c.

**1c.** Enter the correct information AND the effective date of the change.  
Attach additional correction information on a separate sheet.

	A – Add D – Delete	Name of county or equivalent area	Minor civil division	Effective date of change		
				Month	Day	Year
1.						
2.						
3.						
4.						

**Question 2 CONTACT INFORMATION** – Please fill in your contact information in the space provided below.

<b>BAS Respondent</b>		Mark (X) one government type for the BAS Respondent.	
Mailing Address <i>(The BAS Respondent is the person filling out this form.)</i>		<input type="checkbox"/> Local <input type="checkbox"/> County <input type="checkbox"/> Regional	
Name		Address	
Position			
Department		City	
Telephone	(    )	Ext.	State    ZIP code
Fax	(    )	E-mail	
Mark (X) this box if the BAS Respondent is the same as the BAS Mailing Contact.    → <input type="checkbox"/>		Mark (X) this box if the BAS Respondent is the same as the Highest Elected Official.    → <input type="checkbox"/>	

**Question 3 CONTACT INFORMATION** – Please fill in or correct the contact information below.

<b>BAS Mailing Contact</b>		Mark (X) one government type for the BAS Mailing Contact.	
Mailing Address <i>(Provide address where BAS materials should be sent.)</i>		<input type="checkbox"/> Local <input type="checkbox"/> County <input type="checkbox"/> Regional	
Name		Address	
Position			
Department		City	
Telephone	(    )	Ext.	State    ZIP code
Fax	(    )	E-mail	

<b>Highest Elected Official</b>		<i>(for incorporated place only)</i>	
Name		Address	
Position			
Department		City	
Telephone	(    )	Ext.	State    ZIP code
Fax	(    )	E-mail	

**RETURN FORMS TO:**

**U.S. Census Bureau  
National Processing Center  
ATTN: BAS RETURNS, BLDG 63A  
1201 East 10th Street  
Jeffersonville, IN 47132**

**REMINDER: Sign and date the signature box on all updated map sheets.**

*Thank you for your participation and timely response.*

**Questions?** Telephone: 1-800-972-5651    E-mail: [geo.bas@census.gov](mailto:geo.bas@census.gov)    Website: <http://www.census.gov/geo/www/bas/bashome.html>

**SPECIAL INSTRUCTIONS** (If any)

**CENSUS USE ONLY**

Date processed		Clerk ID processed	
Date verified		Clerk ID verified	
Date form keyed		Date GPP updated	
S/S change <input type="checkbox"/>	S map <input type="checkbox"/>	Map change <input type="checkbox"/>	
S/S no change <input type="checkbox"/>	O map <input type="checkbox"/>	Map no change <input type="checkbox"/>	
PLAT/Description <input type="checkbox"/>	Map signed <input type="checkbox"/>	Letter <input type="checkbox"/>	

**IMPORTANT – ANNOTATE EACH CHANGE ON THE MAP(S) WITH THE APPROPRIATE DOCUMENTATION ACCORDING TO THE INSTRUCTIONS PROVIDED IN THE BAS RESPONDENT GUIDE.**

Please update the map(s) USING THE APPROPRIATE COLORED PENCILS.

**Question 4 LEGAL BOUNDARY CHANGES – Please mark (X) the applicable box(es).**

Time period

**4a.** Have there been any legal boundary changes to this incorporated place during the time period shown above?

- Yes – Please record all legal changes (annexations, deannexations, and other actions) in the Documentation of Changes section of this form and update the map(s) USING THE ENCLOSED RED PENCIL. *Continue with question 4b.*
- No – *Continue with question 4b.*

**4b.** Are there any legal boundary changes that occurred before the period shown above that do not appear on the enclosed map(s)?

- Yes – Please record all legal changes (annexations, deannexations, and other actions) in the Documentation of Changes section of this form and update the map(s) USING THE ENCLOSED RED PENCIL. *Continue with question 4c.*
- No – *Continue with question 4c.*

**4c.** Has your incorporated place had any other types of changes (i.e. consolidations/mergers, been annexed, been dissolved/disincorporated, etc.) that have affected its boundaries or governmental status during the time period shown above?

- Yes – *Complete question 4d.*
- No – *SKIP to question 5.*

**4d.** This place has: *Mark (X) one of the following*

- (1)  consolidated/merged with . . . . .
- (2)  been annexed by . . . . .
- (3)  dissolved/disincorporated . . . . .
- (4)  Other – *Provide an explanation.* →

<b>Government</b>	(Month/Day/Year) Ordinance/Resolution No.
Name of government with which place consolidated/merged	Date
	Number
Name of government annexing this incorporated place	Date
	Number
Name of government being dissolved/disincorporated	Date
	Number
	Date
	Number

**Question 5 OTHER CHANGES – Mark (X) applicable box(es).**

**5a.** Besides legal changes, are there any boundary corrections that need to be made to your boundary on the map(s)?

- Yes – Please record all boundary corrections in the Documentation of Changes section of this form. Correct the map(s) USING THE ENCLOSED RED PENCIL and the initials BC to indicate a boundary correction.

Enter the total number of boundary corrections that you made to the maps. →  *Continue with question 5b.*

- No – *Continue with question 5b.*

**5b.** Did you add, delete, or make any changes to the features (other than boundaries) shown on the map(s)?

- Yes – Correct the map(s) USING THE ENCLOSED PURPLE PENCIL. *Continue with question 5c.*
- No – *Continue with question 5c.*

**5c.** Did you make any changes to the addresses shown on the map(s)?

- Yes – Correct the map(s) USING THE ENCLOSED PURPLE PENCIL.
- No

**REMINDER: Sign and date the signature box on all updated map sheets.**



