FORM **BAS-3** (5-8-2007)

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

BOUNDARY AND ANNEXATION SURVEY (BAS)

MINOR CIVIL DIVISIONS (MCD)

Boundaries as of —

GENERAL INSTRUCTIONS • It is important that a elf there are no boun provided with your elease do not return the complete.			nt that all on no boundar th your ma ot return all ompleted f	your entity, please complete this form. uestions on the form are answered completely. y changes to report, please review the form and return only the "NO CHANGE" postcard terials or respond electronically at http://www.census.gov/geo/www/bas/bashome.html. of the maps. Sign and return only the maps with changes. orm(s) and updated map(s) within 15 days using the preaddressed envelope or return label. on filling out this form, please refer to the BAS Respondent Guide.									
A. N	/linor (civil divis	ion			Type			County				State
BAS ID STATE CODE						COUNTY		MCD CODE			For	mer FIPS	<u> </u>
	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.												
Que	estio	n 1 N	AME OR TYPE	CHANGE	– Please	mark (X) the	e applicable	e boxe:	s.				
1a.	Are th	ie name	and type (i.e. tow	n, townshi	o, plantatio	on, location,	Reservation	n) corre	ct as sho	own in Bo	x A at the		e page?
	☐ Y	es – Cor	ntinue with question	on 2.	Name							e (Month/Day/Year)	
	∐N	lo – Ente	r correction here.										
Que	estio	n 2 L	EGAL BOUNDA	RY CHAI	IGES - P	ease mark ((X) the app	licable	boxes.				
			Time period:										
2a.			en any legal bour ase record all lega	•	-			_	•			ontation	of Changas
		sec	tion of the form a	nd update	the map(s) USING THE	E ENCLOSE	D RED	PENCIL.	Continue	with ques	tion 2b.	or changes
2h	No – Continue with question 2b. b. Has your minor civil division had any other types of changes (i.e. consolidations/mergers, been annexed, been												
	disso	lved/disi	ncorporated, etc.)	that have	affected its	s boundaries	or governn	nental	status di	uring the t	ime perio	d shown	above?
0 .			mplete question 2		□ No -	- SKIP to que		ul	-4:1-4	f -h		(8.4	.1./5
2c. This MCD has: Mark (X) one of the following Government: Enter the effective date of the Ordinance or Resolution						lution Nur	nber:	Ordina	onth/Day/Year) nce/Resolution No.				
	(1)	aansal	idated/merged wi	th.	Name of	f government	with which m	inor civ	il division	consolidate	ed/merged	Date/Nu	mber
	(1)	_ CONSON	idated/merged wi		Name of	f government	annexing this	minor	civil divisi	on		Date/Nu	mber
	(2)	been a	nnexed by										
	(O) [7	1/ 1: :		Name of	f government	being dissolv	ed/disin	corporate	d		Date/Nu	mber
	(3)	_ dissolv	ed/disincorporate	ed								Date/Nu	mber
	(4)	Other -	- Provide an expla	anation. —	-								
2d.	_	•	legal boundary cl	•		·							·
			ase make the nec					questic	on 3.	□ No -	- Continue	e with qu	estion 3.
	estio		THER CHANGE			• • • • • • • • • • • • • • • • • • • •							
3a.		_	changes, are there ase record all bou	•					•				n(s)
			ase record all bou ING THE ENCLOS							orrection.			/
			total number of l	-	orrections	that you ma	nde to the m	naps. –			Continu	ue with q	uestion 4.
		No – Con	tinue with questic	on 4.									

Question	4	CONTACT INFORMATION	– Please fill i	n your coi	ntact informa	ation i	n the space p	provi	ded belo	ow.		
Mailing Address		BAS Respond (The BAS Respondent is the perso		is form.)		_	k (X) one gov	_	<i>ent type</i> County		A <i>S Respor</i> egional	ndent.
Name			A d due o o									
Position			Address									
Department			City									
Telephone	()	State					ZIP code				
Fax	()			E-mail				'			
		Mark (X) this box if the BAS Re is the same as the BAS Mailing	espondent Contact.	-			Mark (X) this the same as t	box ii he Hi	f the BAS ghest Ele	Responde cted Officia	nt is al. →	
Question	5	CONTACT INFORMATION	– Please fill i	n or corre	ct the conten	nt info	rmation belo	w.				
Mailing Address		BAS Mailing Co (Provide address where BAS mate		e sent.)	Λ	_	K) one govern		<i>t type for</i> County		<i>mailing co</i> egional	ontact.
Name					Address							
Position					Address							
Department					City							
Telephone	()	Ext.		State					ZIP code		
Fax	()			E-mail							
Mailing Address		Highest Elected ((for MCD onl										
Name					Address							
Position					Address							
Department					City							
Telephone	()	Ext.		State					ZIP code		
Fax	()			E-mail							
U.S. C Nation ATTN 1201	TURN FORMS TO: Insus Bureau I Processing Center IAS RETURNS, BLDG 63A IST 10th Street Inville, IN 47132				ignature bo		_		p sheets	.		
Questions	?	Telephone: 1-800-972-5651 E	-mail: geo.bas(@census.go	ov Website	e: <u>http:</u>	://www.census	.gov/	geo/www	ı/bas/basho	me.html	
SPECIAL IN	IST	TRUCTIONS (If any)						CE	NSUS I	USE ONL	Υ	
							Date processed			Clerk ID processed	t	
							Date verified			Clerk ID verified		
							Date form keyed			Date GPP updated		
							S/S change		S map		Map change	
							S/S no change		O map		Map no change	
							PLAT/ Description		Map signed		Letter	

Documentation of Changes MINOR CIVIL DIVISIONS

Minor civil division	Type	Туре			County	State	
BAS ID	STATE CODE		COUNTY CODE		MCD CODES	Forme	r FIPS

SPECIAL INSTRUCTIONS (If any)

Please follow the instructions below and review the preprinted entries for correctness and completeness. Print in the spaces provided the information requested for all annexations, deannexations and other changes that have occurred during the previous year.

Instructions for Entering Data in Columns

- (1) Change Enter **A** for annexations, **D** for deannexations, **B** for boundary corrections, or **O** for other changes.
- (2) Authorization Enter the authorization **type.** (**O**=Ordinance, **R**= Resolution, **L** = Local Law, **S** =State-level action, and **X** = Other)
- (3) Authorization Enter the authorization **number** for the change you are reporting.
- (4) Date Enter the effective date of the change. (Month, day, year)
- (5) Minor Civil Division (MCD) Enter the **name of the minor civil division** in which the change occurred.
- (6) Area Enter the **estimated size** (in tenths of acres) of the annexation, deannexation or other change.

Change		Authorization	Date	Minor Civil Division	Area	
Change Type A/D/B/O	Type O/R/L/S/X	Authorization Number	Month/Day, Year	Name	Acres (tenths)	
(1)	(2)	(3)	(4)	(5)	(6)	
FORM DAC 2 /F 0 2007)						

Documentation of Changes – Continued MINOR CIVIL DIVISIONS												
SPECIAL INSTRUCTIONS (If any)												
Area												
Acres (tenths)												
(6)												

If additional space is needed, please use the BAS-3 "Documentation of Changes" form found in the BAS Respondent Guide.