

BOUNDARY AND ANNEXATION SURVEY (BAS) NEWLY INCORPORATED PLACES AND NEWLY ACTIVATED GOVERNMENTS

BAS ID		STATE CODE		PLACE CODES		Former FIPS
A. Place					Type	State

B. County or equivalent area name(s)

GENERAL INSTRUCTIONS →	<p>To report a newly incorporated place or newly activated government, please complete this form.</p> <ul style="list-style-type: none"> It is important that all questions on the form are answered completely. Please send in a map showing the boundaries of the new incorporation or newly activated government. Include a copy of the official papers of incorporation along with this form and the map(s).
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Question 1 INCORPORATION OF PLACE – Please complete all parts (a through h) of this question.

1a. What is the official name of this incorporated place?
Name

1b. What type of place is this? *Mark (X) one box.*

City
 Town
 Village
 Borough
 Other – *Print type of place.* →

1c. What state is this incorporated place/newly activated government located in? →

1d. List the counties or statistically equivalent areas that this new incorporation extends into: <i>Attach an additional sheet if necessary.</i>	Name:		Census code: (if known)
	1.		
	2.		
	3.		

1e. What is the official (effective) date of incorporation?

	Month	Day	Year	
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1f. Has this place been active since incorporation? *(An active place is one that is legally incorporated and operates as a governmental unit; i.e., it has officials and has the legal capacity to raise revenues and conduct governmental activities.)*

Yes
 No – *Please enter the official date of activation?* →

	Month	Day	Year	
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1g. At the time of incorporation or activation, what was the estimated population and number of housing units? – <i>Enter estimates.</i> →	Estimated population		Estimated number of housing units	
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1h. At the time of incorporation or activation, what was the estimated area of this place or newly activated government? – <i>Enter estimate.</i> →	Estimated area (in acres)		
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Question 2 BOUNDARIES AT TIME OF INCORPORATION OR ACTIVATION

PLEASE SEND A MAP SHOWING, IN RED, THE BOUNDARIES OF YOUR NEWLY INCORPORATED PLACE OR NEWLY ACTIVATED GOVERNMENT. YOU MUST INCLUDE A COPY OF THE OFFICIAL PAPERS OF INCORPORATION OR ACTIVATION.

Question 3 CONTACT INFORMATION – Please fill in your contact information in the space provided below.

BAS Respondent		Mark (X) one government type for the BAS Respondent.	
Mailing Address (The BAS Respondent is the person filling out this form.)		<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 4 CONTACT INFORMATION – Please fill in or correct the contact information below.

BAS Mailing Contact		Mark (X) one government type for the BAS mailing contact.	
Mailing Address (Provide address where BAS materials should be sent.)		<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	

Highest Elected Official		Term expiration date: <input style="width: 100px;" type="text"/>	
Mailing Address (for newly incorporated place or newly activated government)			
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 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"/>	

Question 5 ANNEXATIONS AND DEANNEXATIONS

IMPORTANT – ANNOTATE EACH CHANGE ON THE MAP(S) WITH THE APPROPRIATE DOCUMENTATION.

5a. Have there been any annexations to or deannexations from this incorporated place or newly activated government since the time of incorporation or activation?

- Yes – Please record all annexations and deannexations that have occurred during this period in the Documentation of Changes section below. *Continue with question 5b.*
- No – *Continue with question 5b.*

5b. Is the incorporated place legally or physically unable to annex territory?

- Yes
- No

**Documentation of Changes
NEWLY INCORPORATED PLACES AND NEWLY ACTIVATED GOVERNMENTS**

Document changes that have occurred since the date of incorporation or activation.

BAS ID		STATE CODE		PLACE CODES	Former FIPS
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SPECIAL INSTRUCTIONS (If any)

Please follow the instructions below. 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 correction, 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) Date – Enter the *effective* date of the change. (**Month, day, year**)
- (4) County/Equivalent – Enter the **name of the county or equivalent area** in which the change occurred.
- (5) Area – Enter the **estimated size** (in tenths of acres) of the annexation, deannexation or other change.
- (6) Population/Housing: Enter the estimated current population and number of housing units in each annexed or deannexed area.

Change Type A/D/B/O (1)	Authorization Type O/R/L/S/X (2)	Date Month/Day, Year (3)	County/Equivalent Name (4)	Area Acres (tenths) (5)	Pop/Housing Population/Housing units (6)

