FORM **BAS-1** (5-8-2007)

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

BOUNDARY AND ANNEXATION SURVEY (BAS)

INCORPORATED PLACES

Boundaries as of —

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

GENERAL INSTRUCTIONS	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.											
A. Incorporated p	place				Туре		State					
B. County(ies), parequivalent are	arish(es), borough(s), ea(s) (code)	or other stati	stically		C. Minor civil divisions	(code)						
BAS ID		STATE CODE		PLACE		Former FIPS						
Question 1	NAME, TYPE, CO		MINOR CIVIL			e mark (X) the approp	riate 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 correct as shown in box A, at the top of the page.												
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.												
	orrect information A tional correction inf				je.							
A – Add D – Delete Name of county or equivalent area				Minor civil c	Effective date of change							
1.												
2.												
3.												
4.												

Question	2	CONTACT INFOR	MATION	– Pleas	e fill in your co	ntact informa	ation i	n the space	provi	ded belo	ow.		
Mailing Address		BAS I (The BAS Respondent is	Responders the person		out this form.)		_	(X) one gov		ent type County		A <i>S Respon</i> egional	ndent.
Name						1 Identity							
Position						Address							
Department						City							
Telephone	()			Ext.	State					ZIP code		
Fax	()				E-mail							
		Mark (X) this box if th the same as the BAS I			is			Mark (X) this the same as t					- 🗆
Question	3	CONTACT INFOR	MATION	– Pleas	e fill in or corre	ct the contac	ct infor	rmation belo	ow.				
Mailing Address	(BAS Ma (Provide address where	ailing Cor e BAS mate		hould be sent.)	Λ	_	() one goverr		<i>t type for</i> County		<i>Mailing Co</i> egional	ontact.
Name						Address							
Position						Auditess							
Department						City							
Telephone	()			Ext.	State					ZIP code		
Fax	()				E-mail							
Mailing Address			Elected O porated pla										
Name						Address							
Position						Auditess							
Department						City							
Telephone	()			Ext.	State					ZIP code		
Fax	()				E-mail							
U.S. C Nation ATTN: 1201	Cen nal I: B	TURN FORMS TO: nsus Bureau I Processing Center BAS RETURNS, BLDC st 10th Street proville, IN 47132		R	REMINDER: Sig	nk you for yo	our pai	rticipation a	nd tir	nely res	ponse.		
Questions	;?	Telephone: 1-800-972-	-5651 E	-mail: g	jeo.bas@census.g	jov Websit	te: <u>http</u>	://www.censu	s.gov/	/geo/wwv	v/bas/bash	ome.html	
SPECIAL IN	IST	TRUCTIONS (If any)							С	ENSUS	USE ON	LY	
								Date processed			Clerk ID processed	ı	
								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	

<u>IMPORTANT</u> – 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.

Qu	estion 4 LEGAL BOUNDARY CHANG	ES – Please mark (X) th	e applicable box(es).	
	Time period			
4a.	Have there been any legal boundary changes	to this incorporated place	e during the time period shown a	bove?
	Yes - Please record all legal changes (an	nexations, deannexations	s, and other actions) in the Docum	nentation of Changes
	section of this form and update the	e map(s) USING THE ENC	LOSED RED PENCIL. Continue wi	th question 4b.
	No – Continue with question 4b.			
4b.	Are there any legal boundary changes that or	ccurred before the period	shown above that do not appear	on the enclosed map(s)?
	Yes – Please record all legal changes (an	nexations, deannexations	s, and other actions) in the Docum	nentation of Changes
	section of this form and update the	map(s) USING THE ENC	LOSED RED PENCIL. Continue wi	th question 4c.
	No – Continue with question 4c.			
4c.	Has your incorporated place had any other	types of changes (i.e. o	consolidations/mergers, been an	nnexed, been dissolved/
	disincorporated, etc.) that have affected its			riod snown above?
	☐ Yes – Complete question 4d.	☐ No – SKIP to question	1 5.	
4d.	This place has: Mark (X) one of the	Government		(Month/Day/Year)
	following			Ordinance/Resolution No.
		Name of government wi	Date	
	(1) consolidated/merged with		Number	
		Name of government an	Date	
	(2) been annexed by		Number	
		Name of government be	ing dissolved/disincorporated	Date
	(3) dissolved/disincorporated		Number	
				Date
	(4) Other – Provide an explanation. —>			Number
	·			
0	OTHER CHANGES Mark (V			
Qu	estion 5 OTHER CHANGES – Mark (X)	applicable box(es).		
5a.	Besides legal changes, are there any bour	dary corrections that ne	eed to be made to your boundar	ry on the map(s)?
	Yes - Please record all boundary correct	tions in the Documentation	on of Changes section of this form	n. Correct the map(s)
	USING THE ENCLOSED RED PENC			and the second
	Enter the total number of boundary corr	ections that you made to	the maps. \longrightarrow	ontinue with question 5b.
	No – Continue with question 5b.			
5b.	Did you add, delete, or make any changes	to the features (other the	nan boundaries) shown on the r	nap(s)?
	Yes – Correct the map(s) USING THE EN			
	No – Continue with question 5c.		,	
5c.	Did you make any changes to the address	es shown on the man(s)?	
	Yes – Correct the map(s) USING THE EN	·		
	No	IOLOGED I OIII LE I LINCII	•	
		REMINDER: S	ign and date the signature bo	ox on all updated map sheets.

FORM BAS-1 (5-8-2007)

Page 3

Documentation of Changes INCORPORATED PLACES										
Incorporated place				Туре		State				
BAS ID STATE CODE			PLACE CODES	Former 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) County/Equivalent Enter the name of the county or equivalent area in which the change occurred.
- (6) Minor Civil Division Enter the name of the minor civil division (if any) in which the change occurred.
- (7) Area Enter the estimated size (in tenths of acres) of the annexation, deannexation or other change.

			1			T
Change Type A/D/B/O	Type Authorization O/R/L/S/X Authorization Number		- Date Month/Day Year	County/Equivalent Name	Minor Civil Division Name (if any)	Area Acres (Tenths)
(1)	(2)	(3)	(4)	(5)	(6)	(7)
(1)	(=)	(0)	(- /	(6)	(0)	(1)

If additional space is needed, please use the BAS-1 "Documentation of Changes" form found in the BAS Respondent Guide.

FORM BAS- (5-8-2007)	Documentation of Changes – Continued INCORPORATED PLACES U.S. DEPARTMENT OF COMMERCE Economics and Statistics Administration U.S. CENSUS BUREAU											
Incorporated	d place				Туре			State				
BAS ID STATE CODE					PLACE CODES Former FIPS							
SPECIAL IN	NSTRUCTIC	NS (If any)		·	·							
Change Type A/D/B/O	Type O/R/L/S/X		rization nber	Date Month/Day, Year	County/Equivalent Name		Minor Civil Di Name (if ar		Area Acres (Tenths)			
(1)	(2)		nber 3)	(4)		(5)	(6)		(7)			