

FORM **BAS-1**  
(4-2-2008)

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

## 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) 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)	

<b>BAS ID</b>		<b>STATE CODE</b>		<b>PLACE CODES</b>	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?

<input type="checkbox"/> Yes – Continue with question 1b. <input type="checkbox"/> No – Enter correction here. →	Name:	Type:	Effective date of change 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>		<i>Mark (X) one government type for the BAS Respondent.</i>	
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>		<i>Mark (X) one government type for the BAS Mailing Contact.</i>	
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>	
Mailing Address			
Name		Address	
Position			
Department		City	
Telephone	(    )    Ext.	State	ZIP code
Fax	(    )	E-mail	

<p><b>RETURN FORMS TO:</b></p> <p><b>U.S. Census Bureau National Processing Center ATTN: BAS RETURNS, BLDG 63A 1201 East 10th Street Jeffersonville, IN 47132</b></p>	<p><b>REMINDER: Sign and date the signature box on all updated map sheets.</b></p> <p><i>Thank you for your participation and timely response.</i></p>
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**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)	<b>CENSUS USE ONLY</b>																								
	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;">Date processed</td> <td style="width:25%;"></td> <td style="width:25%;">Clerk ID processed</td> <td style="width:25%;"></td> </tr> <tr> <td>Date verified</td> <td></td> <td>Clerk ID verified</td> <td></td> </tr> <tr> <td>Date form keyed</td> <td></td> <td>Date GPP updated</td> <td></td> </tr> <tr> <td>S/S change <input type="checkbox"/></td> <td>S map <input type="checkbox"/></td> <td>Map change <input type="checkbox"/></td> <td></td> </tr> <tr> <td>S/S no change <input type="checkbox"/></td> <td>O map <input type="checkbox"/></td> <td>Map no change <input type="checkbox"/></td> <td></td> </tr> <tr> <td>PLAT/Description <input type="checkbox"/></td> <td>Map signed <input type="checkbox"/></td> <td>Letter <input type="checkbox"/></td> <td></td> </tr> </table>	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"/>	
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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.* →

Government	(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 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.**

## Documentation of Changes INCORPORATED PLACES

Incorporated place	Type	State
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BAS ID	STATE CODE	PLACE CODES	Former FIPS
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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.

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

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

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(4-2-2008)

## Documentation of Changes – *Continued* INCORPORATED PLACES

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Incorporated place	Type	State
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<b>BAS ID</b>		<b>STATE CODE</b>		<b>PLACE CODES</b>	Former FIPS
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SPECIAL INSTRUCTIONS (If any)

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