



## BOUNDARY AND ANNEXATION SURVEY (BAS) MINOR CIVIL DIVISIONS (MCD)

Boundaries as of —

**GENERAL INSTRUCTIONS**

**To report changes to your entity, 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.

A. Minor civil division	Type	County	State
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BAS ID	STATE CODE	COUNTY CODE	MCD CODES	Former FIPS
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**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 1 NAME OR TYPE CHANGE – Please mark (X) the applicable boxes.**

**1a.** Are the name and type (i.e. town, township, plantation, location, Reservation) correct as shown in Box A at the top of the page?

Yes – Continue with question 2. Effective date of change

No – Enter correction here. Date (Month/Day/Year)

Name	Type	
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**Question 2 LEGAL BOUNDARY CHANGES – Please mark (X) the applicable boxes.**

Time period:

**2a.** Have there been any legal boundary changes to this minor civil division during the time period shown above?

Yes – Please record all legal change actions (annexations, deannexations and other actions) in the Documentation of Changes section of the form and update the map(s) USING THE ENCLOSED RED PENCIL. *Continue with question 2b.*

No – Continue with question 2b.

**2b.** Has your minor civil division 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 2c.  No – SKIP to question 2d.

<p><b>2c.</b> This MCD has: Mark (X) one of the following</p> <p>(1) <input type="checkbox"/> consolidated/merged with . . . . .</p> <p>(2) <input type="checkbox"/> been annexed by . . . . .</p> <p>(3) <input type="checkbox"/> dissolved/disincorporated . . . . .</p> <p>(4) <input type="checkbox"/> Other – Provide an explanation. →</p>	<b>Government:</b>	Enter the effective date of change and the Ordinance or Resolution Number:	(Month/Day/Year) Ordinance/Resolution No.
	Name of government with which minor civil division consolidated/merged	Date/Number	
	Name of government annexing this minor civil division	Date/Number	
	Name of government being dissolved/disincorporated	Date/Number	
		Date/Number	

**2d.** Are there any legal boundary changes that occurred before the period shown above that do not appear on the enclosed map(s)?

Yes – Please make the necessary updates to the map(s). *Continue with question 3.*  No – Continue with question 3.

**Question 3 OTHER CHANGES – Please mark (X) the applicable boxes.**

**3a.** 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 4.*

No – Continue with question 4.

**Question 4 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 5 CONTACT INFORMATION** – Please fill in or correct the content 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 MCD only)</i>	
Mailing Address			
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"/>	



