



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
BAS ID	STATE CODE	COUNTY CODE	MCD CODES
			Former FIPS

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>2c. 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>	Government:	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.

BAS Respondent		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.

BAS Mailing Contact		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	

Highest Elected Official		<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 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"/>	

