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



BOUNDARY AND ANNEXATION SURVEY (BAS)

INCORPORATED PLACES

Boundaries as of —

	GENERAL
IN	STRUCTIONS
	─

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.										
A.	Incorporate	d place			Ту	ре		State	е		
		parish(es), borough(s), irea(s) (code)	or other sta	tistically	C.	. Minor civil divisions (co	ode)				
	BAS ID		STATE CODE		PLACE CODES		Former FIPS				
Qı	uestion 1	NAME, TYPE, CO	UNTY, OF	R MINOR CIVIL	. DIVISIOI	N CHANGE – Please	mark (X) the appropria	ite boxe	s.		
1a.	. Are the na	me and type (i.e., city,	town, villa	ge, borough) of t	his incorpo	orated place correct as	shown in box A, at the t	op of th	e page	?	
						T_		ffective			
		Continue with question Enter correction here.		Name:		Ty	/pe: C	ate: (Mo	nth/Day	//Year)	
1b.	Is the list	of the county(ies) or shown in boxes B ar	equivalent	area(s) and min	or civil div	vision(s) within which	this incorporated plac	e is loca	ated		
		SKIP to question 2.	ia o, at the	top of the page	5 :						
		Enter correction(s) in q	uestion 1c.								
1c.		correct information A									
	A – Add	Name of coun	tv or equival	ent area		Minor civil div	ision			f change	
	D – Delete		-,					Month	Day	Year	
1.											
2.											
3.											
4.										 	

Question	2	CONTACT INFORMATION	- Pleas	se fill in your co	ntact informa	ation i	n the space	provi	ided belo	w.		
Mailing Address (The BAS Respondent is the person				out this form.)		_	k (X) one gov		nent type f County		A <i>S Respond</i> egional	dent.
Name	Π				A 1 1							
Position					Address							
Department	T				City							
Telephone	()		Ext.	State				ZIP code			
Fax	()			E-mail							
		Mark (X) this box if the BAS Res the same as the BAS Mailing Co		t is →			Mark (X) this the same as t					
Question	3	CONTACT INFORMATION	– Pleas	e fill in or corre	ct the contac	ct info	rmation belo	w.				
Mailing Address (Provide address where BAS materials should be sent.)				N	_	K) one govern Local		<i>t type for</i> County		<i>Mailing Co</i> legional	ntact.	
Name					Address							
Position					Address							
Department					City							
Telephone	()		Ext.	State				ZIP code			
Fax	()			E-mail							
Mailing Address		Highest Elected ((for incorporated pla							_	_		
Name					Address							
Position					Address							
Department					City							
Telephone	()		Ext.	State				ZIP code			
Fax	()			E-mail							
U.S. C Nation ATTN 1201	Cei na l: B Ea	nsus Bureau al Processing Center BAS RETURNS, BLDG 63A ast 10th Street onville, IN 47132	R	REMINDER: Sig	jn and date nk you for yo						p sheets.	
Questions	s?	Telephone: 1-800-972-5651 E	Ξ-mail: g	geo.bas@census.g	jov Websit	te: <u>http</u>	://www.census	s.gov	/geo/www	/bas/bash	ome.html	
SPECIAL IN	۱S	TRUCTIONS (If any)						С	ENSUS	USE ON	LY	
							Date processed			Clerk ID processed	Ŀ	
							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 CHA	NGES – Please mark (X) th	e applicable box(es).							
	Time period									
4a.	Have there been any legal boundary cha	nges to this incorporated plac	e during the time period shown abo	ve?						
	Yes – Please record all legal changes section of this form and updat	s (annexations, deannexation e the map(s) USING THE ENC	s, and other actions) in the <u>Documer</u> CLOSED RED PENCIL. <i>Continue with</i>	tation of Changes 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 <u>Documentation of Changes</u> section of this form and update the map(s) USING THE ENCLOSED RED PENCIL. <i>Continue with question 4c.</i>									
	☐ No – Continue with question 4c.									
4c.	Has your incorporated place had any disincorporated, etc.) that have affected	other types of changes (i.e. o	consolidations/mergers, been anne nental status during the time perio	xed, been dissolved/ d shown above?						
	Yes – Complete question 4d.	☐ No – SKIP to question	n 5.							
4d.	This place has: Mark (X) one of the following	Government		(Month/Day/Year) Ordinance/Resolution No.						
		Name of government wi	th which place consolidated/merged	Date						
	(1) a consolidated/merged with		Name of government annexing this incorporated place							
		Name of government an								
	(2) been annexed by			Number						
		Name of government be	ing dissolved/disincorporated	Date						
	(3) \square dissolved/disincorporated			Number						
				Date						
	(4) Other – <i>Provide an explanation</i> .	→		Number						
Qu	estion 5 OTHER CHANGES - Mar	k (X) applicable box(es).								
5a.	Besides legal changes, are there any l	ooundary corrections that n	eed to be made to your boundary (on the map(s)?						
	Yes – Please correct the map(s) USI	NG THE ENCLOSED RED PEN	ICIL and the initials BC to indicate a	ooundary correction.						
	Enter the total number of boundary	corrections that you made to	the mans —> Con	tinue with question 5b.						
	<u> </u>	corrodione that you made to	, the maper	and with quotien out						
	☐ No – Continue with question 5b.									
5b.	Did you add, delete, or make any char	nges to the features (other t	han boundaries) shown on the ma	p(s)?						
	Yes – Correct the map(s) USING TH No – Continue with question 5c.	E ENCLOSED PURPLE PENCI	L. Continue with question 5c.							
5c.	Did you make any changes to the add	resses shown on the map(s)?							
	☐ Yes – Correct the map(s) USING TH☐ No	E ENCLOSED PURPLE PENCI	L.							
		REMINDER: S	ign and date the signature box	on all updated map sheets.						

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.

Authorization		Date	_		Area
Type O/R/L/S/X	Authorization Number	Month/Day Year	County/Equivalent Name	Minor Civil Division Name (if any)	Acres (Tenths)
(2)	(3)	(4)	(5)	(6)	(7)
					<u> </u>
	Type O/R/L/S/X	Type Authorization O/R/L/S/X Number	Type Authorization Month/Day O/R/L/S/X Number Year	Type Authorization Number County/Equivalent Name	Type Authorization O/R/L/S/X Number County/Equivalent Name Minor Civil Division Name (if any)

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

FORM BAS- (9-26-2011)	1	Docu	IMentation o	of Changes – Cont RATED PLACES	inued U.S. DEPARTMENT (Economics and Statistics U.S. CE	OF COMMERCE Administration NSUS BUREAU
Incorporate	d place			Туре	State	
BAS II)	STA ⁻ COD	TE DE	PLACE CODES	Former FIPS	
SPECIAL II	NSTRUCTIONS	S (If any)				
Change		uthorization	Date Month/Day,	County/Equivalent	Minor Civil Division	Area Acres
Type A/D/B/O	Type O/R/L/S/X	Authorization Number	Year	Name	Name (if any)	(Tenths)
(1)	(2)	(3)	(4)	(5)	(6)	(7)