



## 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.

<p><b>A.</b> Incorporated place</p>	<p>Type</p>	<p>State</p>
<p><b>B.</b> County(ies), parish(es), borough(s), or other statistically equivalent area(s) (code)</p>	<p><b>C.</b> Minor civil divisions (code)</p>	

BAS ID		STATE CODE		PLACE CODES	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?

Effective date of change

<input type="checkbox"/> Yes – Continue with question 1b. <input type="checkbox"/> No – Enter correction here. →	Name:	Type:	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>		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 3 CONTACT INFORMATION** – Please fill in or correct the contact 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 incorporated place only)</i>			
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"/>

**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

	Government	(Month/Day/Year) Ordinance/Resolution No.
(1) <input type="checkbox"/> consolidated/merged with . . . .	Name of government with which place consolidated/merged	Date
		Number
(2) <input type="checkbox"/> been annexed by . . . . .	Name of government annexing this incorporated place	Date
		Number
(3) <input type="checkbox"/> dissolved/disincorporated . . . .	Name of government being dissolved/disincorporated	Date
		Number
(4) <input type="checkbox"/> Other – <i>Provide an explanation.</i> →		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.**



