

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 email geo.bas@census.gov. call 1–800–972–5651, or respond electronically at https://www.census.gov/programs-surveys/bas.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 return label.
- For further instructions on filling out this form, please refer to the BAS Respondent Guide.

									•				
A.	Incorporate	d place					Type				State)	
B.		parish(es), b area(s) (code)		or other stat	istically		C. Minor civil d	livisions	(code)				
	BAS ID			STATE CODE		PLACE CODES			FIPS				
Q	Duestion 1 NAME, TYPE, COUNTY, OR MINOR CIVIL DIVISION CHANGE – Please mark (X) the appropriate boxes.												
1a	. Are the n	ame and de	scriptor (i.	e., city, tov	vn, village, bord	ough) of	this incorpora	ated pla	ce correct as sho	own in bo	x A, at		
	tne top o	f the page?								Eff	ective d	late of	change
		Continue w Enter correc	•		Name:				Type:	Da	te: (Mo	nth/Day	//Year)
1b	located c	of the coun orrect as sh SKIP to que Enter correc	nown in bo estion 2.	xes B and	area(s) and mir C, at the top of	nor civil the page	division(s) wit e?	thin whi	ch this incorpora	ated place	is		
10					fective date of t on a separate s		ge.						
	A – Add D – Delete	Nar	me of count	y or equival	ent area		Mir	nor civil (division	H	Effective		
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		BAS Respond (The BAS Respondent is the perso		out this form.)		_	k (X) one gov		ent type f County		A <i>S Respond</i> egional	dent.
Name	Π				A 11							
Position					Address							
Department					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		BAS Mailing Co (Provide address where BAS mat		hould be sent.)	N	_	X) one govern		<i>t type for</i> County		<i>Mailing Co</i> egional	ntact.
Name					Adduss							
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	Cer na I: B Ea	eTURN FORMS TO: Insus Bureau Il Processing Center BAS RETURNS, BLDG 63E Inst 10th Street Insulation of the street Insul	R	REMINDER: Sig	jn and date nk you for yo						ıp sheets.	
Questions	3?	Telephone: 1-800-972-5651	≟-mail: g	geo.bas@census.g	ov websit	e: <u>http</u>	s://www.censu	ıs.go\	<u>//programs</u>	s-surveys	/bas.html	
SPECIAL IN	\S	TRUCTIONS (If any)						С	ENSUS	USE ON	LY	
							Date processed			Clerk ID processed	d	
							Date verified			Clerk ID verified		
							Date form keyed			Date GPF updated		
							S/S change		Map recei	ived	Map change	
							S/S no change		Other ma		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 CHANGI	ES – Please mark (X) th	e applicable box(es).	
		Time period			
4a.	Have there	been any legal boundary change	es to this incorporated	place during the time period shown	above?
	☐ Yes – I	Please record all legal changes (ann	nexations, deannexations	s, and other actions) in the <u>Document</u> CLOSED RED PENCIL. <i>Continue with q</i>	ation of Changes
		Continue with question 4b.		,	
4b.	Are there	any legal boundary changes that	occurred before the pe	riod shown above that do not appea	ar on the enclosed map(s)?
	☐ Yes – I	Please record all legal changes (and section of this form and update the	nexations, deannexations map(s) USING THE ENC	s, and other actions) in the <u>Document</u> CLOSED RED PENCIL. <i>Continue with q</i>	ation of Changes uestion 4c.
	□ No – 0	Continue with question 4c.	·		
4c.	Has your i	ncorporated place had any other disincorporated, etc.) that have a	types of changes (i.e. c	onsolidations/mergers, been annex or governmental status during the ti	ed, been me period shown above?
	☐ Yes –	Complete question 4d.	☐ No – <i>SKIP to question</i>	n 5.	
4d.	This place	has: Mark (X) one of ing	Government		(Month/Day/Year) Ordinance/Resolution No.
			Name of government wi	th which place consolidated/merged	Date
	(1) \square co	nsolidated/merged with			Number
			Name of government an	nexing this incorporated place	Date
	(2) Dec	en annexed by			Number
			ing dissolved/disincorporated	Date	
	(3) 🗌 dis	solved/disincorporated			Number
					Date
	(4) 🗌 Otl	ner – Provide an explanation. —>			Number
Qu	estion 5	OTHER CHANGES – Mark (X)	applicable box(es).		
5a.	Besides le	gal changes, are there any bound	lary corrections that ne	ed to be made to your boundary on	the map(s)?
	☐ Yes –	Please correct the map(s) USING T	HE ENCLOSED RED PEN	ICIL and the letters "BC" to indicate a	boundary correction.
	Enter	the total number of boundary corre	ections that you made to	the maps> Conti	nue with question 5b.
			soliono linat y o a miado to		nao min quotion ott
	∐ No −	Continue with question 5b.			
5b.	Did you ac	ld, delete, or make any changes t	o the features (other th	an boundaries) shown on the map(s)?
		Correct the map(s) USING THE EN Continue with question 5c.	CLOSED PURPLE PENCII	Continue with question 5c.	
5c.	Did you m	ake any changes to the addresses	s shown on the map(s)	?	
	☐ Yes – ☐ No	Correct the map(s) USING THE EN	CLOSED PURPLE PENCII		
			REMINDER: S	ign and date the signature box o	on all updated map sheets.

	Documentation of Changes INCORPORATED PLACES											
Incorporated place				Туре			State					
BAS ID		STATE CODE		PLACE CODES	ANSI	FIPS						

SPECIAL INSTRUCTIONS (If any)

Please follow the instructions below and review the preprinted entries for correctness and completeness and make changes as necessary. For new legal changes, use the provided spaces to print the requested information requested for all annexations, deannexations, and other changes that have occurred during the previous year(s).

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

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

FORM BAS -(11-16-2016)	1		Oocume	ntation o	of Cha	nges – Conti PLACES	nued U.S. DEPARTMENT Economics and Statistic U.S. Cl	OF COMMERCE s Administration ENSUS BUREAU
Incorporate	d place				Туре		State	
BAS II	D		STATE CODE		PLACE CODES	ANSI	FIPS	
SPECIAL II	NSTRUCTIONS	(If any)						
Change Type	Type		Authorization Authorization Date Month/Day,			unty/Equivalent	Minor Civil Division	Area Acres
A/D/O	O/R/L/S/X	Nur	nber	Year		Name	Name (if any)	(Tenths)
(1)	(2)	(:	3)	(4)		(5)	(6)	(7)
					-			
				1			<u> </u>	

□ No – Continue with question 3.



BOUNDARY AND ANNEXATION SURVEY (BAS)

,	Bure		NTIES AND E	DUIVALEN	IT AREAS	3	
		Bound	laries as of —				
	GENERAL TRUCTIONS	To report changes for you It is important that all question If there are no boundary change electronically at https://www Please do not return all of the Return the completed form(s For further instructions on file	ons on the form are nges to report, plea w.census.gov/pro e maps. Sign and ro) and updated map	e answered co use email geo grams-surve eturn only the (s) using the	ompletely. bas@census eys/bas.htm e maps with preaddresse	s.gov, call 1–800–972 1 <u>l</u> . changes. d envelope or returr	2–5651, or respond
Cou	ınty, parish, bor	ough or equivalent area			Type		State
E	BAS ID		STATE CODE			COUNTY CODE	
		ANNOTATE EACH CHANGE ON NS PROVIDED IN THE BAS RESP					
Qu	estion 1 L	EGAL COUNTY BOUNDARY (CHANGES DURII	NG THIS PE	RIOD —	→	
1a. 1b.	Have there be Yes - Plea sect No - Cont Are there any for question 1, Yes - Plea No - Cont Besides legal of Yes - Cont Enter the made to	e appropriate boxes. en any legal boundary changes to use record all legal changes (annetion of this form and update the minue with question 1b. Ilegal boundary changes to the consistency but do not appear on the enclose as update the map(s) with the RE tinue with question 1c. Ichanges, are there any boundary rect the map(s) USING THE RED For total number of boundary correct the county or equivalent area's bottinue with question 1d. If a consolidated BAS respondent? Intinue with question 2. It is e encourage the MCD and/or income to report their changes. Continue	wations, deannexations, deannexation	gh or equival e with questi ed to be mad ers "BC" to in iar with this a	er actions) ir ED PENCIL. (ent area that on 1c. e to your bo dicate a bou Continu	the Documentation Continue with quest occurred prior to the undary on the map(s) and ary correction. The with question 1d. the ease consult your BA	n of Changes ion 1b. ne time period shown s)? AS Respondent Guide.
Qu	estion 2 O	THER CHANGES – Mark (X) ap	pplicable box(es).				
	parish, boroug Yes – Ple	en any legal boundary changes to gh or equivalent area during the t ase update the map(s) with the RE tinue with question 2b. legal boundary changes to the m	ime period shown : ED PENCIL. <i>Continu</i>	for question ' ue with quest	I, above? ion 2b.		
	Yes - Ple No - Con	nown for question 1, but do not a ase update the map(s) with the Ri tinue with question 2c.	opear on the enclos ED PENCIL. <i>Continu</i>	sed maps? ue with quest	ion 2c.		
2c.	incorporated p	corrections that should be made to places? ase update the map(s) with the RE			, ,		
	Enter the	total number of boundary correct te to MCDs and incorporated plac	ions that			question 2d.	•
		tinue with question 2d.					
2d.	Do you wish t	o report any additions, deletions	or other changes to	the features	(other than	boundaries) shown	on the map(s)?

Yes – Please update the map(s) with the PURPLE PENCIL. Continue with question 3.

Question	3 CONTACT INFORMATION	N – Please fill in your co	ntact inform	ation in the s	space prov	vided belo	w.		
Mailing Address	BAS Respon (The BAS respondent is the pers			<i>Mark (X) oi</i> ☐ Loca	_	ment type i		AS Respon	
Name									
Position			Address						
Department			City						
Telephone	()	Ext.	State			ZIP code			
Fax	()		E-mail				•		
	Mark (X) this box if the BAS Find is the same as the BAS Mailin					if the BAS F ighest Elect			
Question	4 CONTACT INFORMATION	N – Please fill in or corre	ct the contac	ct informatio	n below.				
Mailing Address	BAS Mailing C (Provide address where BAS ma		/	Mark (X) one		nt type for ounty/equiv		Mailing Co	
Name			Address						
Position			Address						
Department			City						
Telephone	()	Ext.	State			ZIP code			
Fax	()		E-mail						
Mailing Address	Highest Elected (for county, parish, borough								
Name			Address						
Position			Address						
Department			City						
Telephone	()	Ext.	State			ZIP code			
Fax	()	·	E-mail				•		
U.S. (Natio ATTN 1201	RETURN FORMS TO: Census Bureau nal Processing Center I: BAS RETURNS, BLDG 63E East 10th Street rsonville, IN 47132	REMINDER: Sig	in and date nk you for yo			-		ap sheets	i.
Questions	Telephone: 1-800-972-5651	E-mail: geo.bas@census.g	jov websit	e: https://www	v.census.go	ov/program	s-surveys	/bas.html	
SPECIAL IN	NSTRUCTIONS (If any)					CENSUS	USE ON	ILY	
				Date proce	ssed		Clerk ID processe	d	
				Date verifi	ed		Clerk ID verified		
				Date keyed			Date GPI updated		
				<u> </u>	nange 🗌	Map rece	ived 🗌	Map change	
				S/S n chang	је 📙	Other ma	ар 🗌	Map no change	
				PLAT, Descr	iption \Box	Map signed		Letter	

GOVERNMENT NAMES AND STATUS DOCUMENTATION COUNTIES AND EQUIVALENT AREAS

ounty, parish, borough or equivalent area							;	State		
BAS ID		STATE CODE				со	UNTY	CODE		
SPECIAL INSTRUCTIONS (If any)									·	
NAME OF INCORPORATED PLACE OR MINOR CIVIL DIVISION (MCD) If the name shown has changed — • Draw a line through it, • Print the correct type above it, and	inc	TYPE If the type shown is incorrect — • Draw a line through it,			change variety	rus (ges in i — Pl pprop nter t was e	re (X) nn	EFFECTIVE DATE OF CHANGE Month, day,		
 Enter the date the change was effective in column (9). If the name shown is misspelled — Correct the spelling only Do not enter a date in column (9). 		 Print the correct type above it, and Enter the date the chang was effective in column 		New incorporated place or organized MCD	Disincorporated place or disorganized MCD	Incorporated place or MCD never existed	Active entity became inactive	Inactive entity became active	Other (merger, consolidation, etc.)	Woor
(1)	+	(2)		(3)	(4)	(5)	(6)	(7)	(8)	(9)
	-									
	_									
	+									
	+									
	-									
	+									
										1
	+									
	+									
Refer to the BAS Responde	nt G	iuide for instructio	ns on	filling	out	this	table	e.		

GOVERNMENT NAMES AND STATUS DOCUMENTATION – Continued COUNTIES AND EQUIVALENT AREAS

County, parish, borough or equivalent area										State
BAS ID		STATE CODE				со	UNTY	CODE	≣	
NAME OF INCORPORATED PLACE OR MINOR CIVIL DIVISION If the name shown has changed —	If the type shown is incorrect — Draw a line through it, Print the correct type above it, and Enter the date the change was effective in column (9).				STATUS CHANGI If changes in status hoccurred — Please main the appropriate column and enter the date to change was effective in the state of the sta					EFFECTIVE DATE OF CHANGE
 Draw a line through it, Print the correct name above it, and Enter the date the change was effective in column (9). If the name shown is misspelled — Correct the spelling only Do not enter a date in column (9). 					Disincorporated place or disorganized MCD		Active entity became inactive	Inactive entity became active	Other (merger, consolidation, etc.)	Month, day, year
(1)		(2)		(3)	(4)	(5)	(6)	(7)	(8)	(9)
				<u> </u>						
				-						
				\vdash						
				_						
				_						
				_						
If additional space is needed, please use to found it	he B n th	AS-2 "Governmen e BAS Respondent	t Name: t Guide.	s and	Statu	ıs Do	cume	entat	ion'	form

Documentation of Changes COUNTIES AND EQUIVALENT AREAS

County, parish, borough or equivalent area						State
BAS ID		STATE CODE			COUNTY CODE	

SPECIAL INSTRUCTIONS (If any)

Please follow the instructions below and review the preprinted entries for correctness and completeness and make changes as necessary. For new legal changes, use the provided spaces to print the requested information for all annexations, deannexations and other changes that have occurred during the previous year(s).

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. (0 = 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) Entity Enter the name of the entity (i.e. name of MCD, place, or county) where the change occurred.
- (6) County/Equivalent Enter the name of the county or equivalent area in which the change occurred.
- (7) Minor Civil Division (MCD) Enter the name of the minor civil division (if any) in which the change occurred.
- (8) Area Enter the estimated size (in tenths of acres) of the annexation, deannexation or other change.

Change	Authorization		Date		County/	Minor Civil Division	Area
Type A/D/O	Type Authorization O/R/L/S/X Number		Month/Day, Year	Entity Name	County/ Equivalent Name	Name (if any)	Acres (tenths)
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
			_				
			+				-
			1		1		

Documentation of Changes – Continued COUNTIES AND EQUIVALENT AREAS

County, par	rish, borough or	equivalent area			Туре		State
В	AS ID			STATE CODE		COUNTY CODE	
Change Type A/D/O	Туре	Authorization Authorization	Date Month/Day, Year	Entity Name	County/ Equivalent Name	Minor Civil Divis Name (if any)	Acres
	O/R/L/S/X	Number			1		(teritins)
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
	If a	additional space is ne	eded, please u	se the BAS-2 "D	ocumentation	of Changes" form	•



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

	Burea	Ц		IVIIIVO	K CIVIL	DIVISION	12 (IVI	CD)			
			Во	oundarie	s as of –	-					
_	ERAL CTIONS	electronicallyPlease do noReturn the co	nt that all quo boundary y at https:/ ot return all ompleted fo	uestions or changes t www.cen of the map orm(s) and	n the form a to report, p sus.gov/p os. Sign and updated m	are answere lease email programs-sud return <u>only</u> ap(s) using	d comp geo.bas irveys the m the reti	oletely. s@cens /bas.ht i aps with urn labe	n changes.	72–565	51, or respond
A. Mino	r civil divisi				Туре			County			State
BAS ID STATE CODE CODE ANSI FIPS											
									CUMENTATION A		
Questi	on 1 NA	AME OR TYPE	CHANGE	– Please m	nark (X) th	e applicable	boxes	S.			
		, ,	•	, plantation	n, location,	Reservation	ı) corre	ct as sh	own in Box A at the		the page? Effective date of change
		inue with question correction here.		Name					Туре		Date (Month/Day/Year)
Questi	on 2 LE	GAL BOUNDA	RY CHAN	IGES – Ple	ase mark	(X) the app	licable	boxes.			
2b. Has diss	e there bee Yes - Plea secti No - Cont your mino olved/disin	se record all lega on of the form and inue with question r civil division ha	ol change ac nd update to no 2b. Id any other that have a	r types of c	exations, d USING THI hanges (i.e	eannexatior E ENCLOSEI e. consolidat s or governn	s and o	other ac PENCIL. ergers, I	eriod shown above? tions) in the <u>Docum</u> Continue with ques been annexed, beer uring the time perio	entation 2k	b.
	MCD has:	Mark (X) one of	f the	Govern	ment:	Enter t the Or	he effe	ctive dat e or Reso	e of change and olution Number:	Ordi	(Month/Day/Year) inance/Resolution No.
	_	lated/merged wit		,		with which m			consolidated/merged		Number Number
	_	nexed by		Name of g	government	being dissolv	ed/disin	corporate	ed	Date/N	Number
(4)		Provide an expla								Date/N	Number
	-	_	_						o not appear on the	enclos	sed map(s)?
	Yes – Plea	se make the nece	essary upda	ites to the i	map(s). <i>Co</i>	ntinue with	questio	n 3.	☐ No – <i>Continu</i>	e with (question 3.
Questi	on 3 O1	THER CHANGE	S – Please	mark (X) t	the applica	able boxes.					
3a. Besi	Yes – Plea	_	ap(s) USING	THE ENC	LOSED RED	PENCIL an	d the ir		oundary on the map C to indicate a bour Contin	idary c	orrection. h question 4.

Question	4 CONTAC	T INFORMATION	I – Please fill in your co	ontact inform	ation in the spac	ce provided bel	ow.	
Mailing Address	(The BAS Re	BAS Respond	dent on filling out this form.)		Mark (X) one g ☐ Local	government type	for the BAS Re	-
Name				Τ				
Position				- Address				
Department				City				
Telephone	()		Ext.	State		ZIP code		
Fax	()			E-mail				
		this box if the BAS Reme as the BAS Mailing				his box if the BAS as the Highest Ele		$\rightarrow \Box$
Question	5 CONTAC	T INFORMATION	I – Please fill in or corr	ect the conte	nt information b	pelow.		
Mailing Address					Mark (X) one gov	vernment type for County	r the BAS mailir	_
Name				Address				
Position								
Department				City				
Telephone	()		Ext.	State		ZIP code		
Fax	()			E-mail				
Mailing Address		Highest Elected (for MCD onl						
Name				Address				
Position				- Address				
Department				City				
Telephone	()		Ext.	State		ZIP code		
Fax	()			E-mail				
U.S. C Nation ATTN 1201	RETURN FOR Census Bureau Inal Processin I: BAS RETUR East 10th Str rsonville, IN 4	nu ng Center RNS, BLDG 63E reet			e the signature	-	_	eets.
Questions	? Telephone:	: 1-800-972-5651 E	E-mail: geo.bas@census.ç	gov websit	e: https://www.cen	nsus.gov/program	ıs-surveys/bas.ht	<u>:ml</u>
SPECIAL IN	NSTRUCTIONS	(If any)				CENSUS U	SE ONLY	
					Date processed		Clerk ID processed	
					Date verified		Clerk ID verified	
					Date form keyed		Date GPP updated	
					S/S change	e Map recei	Change	
					S/S no change	Other ma	Map no change	
					PLAT/ Description	n Map signed	Letter	

Documentation of ChangesMINOR CIVIL DIVISIONS

Minor civil division			Type	Туре			County		State
BAS ID		STATE CODE		COUNTY CODE		MCD CODES	ANSI	FIPS	

SPECIAL INSTRUCTIONS (If any)

Please follow the instructions below to review the preprinted entries for correctness and completeness and make changes as necessary. For new legal changes, use the provided spaces to print the requested information all annexations, deannexations and other changes that have occurred during the previous year(s).

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- (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) Minor Civil Division (MCD) Enter the name of the minor civil division in which the change occurred.
- (6) Area Enter the estimated size (in tenths of acres) of the annexation, deannexation or other change.

Change	Α	uthorization	Date	Minor Civil Division	Area Acres		
Type A/D/O	Type O/R/L/S/X	Authorization Number	Date Month/Day, Year	Name			
(1)	(2)	(3)	(4)	(5)	(6)		
			1				

Documentation of Changes – Continued MINOR CIVIL DIVISIONS												
Minor civil di	vision		Туре	County	State							
BAS ID		STATE CODE	COUNTY	MCD CODES ANSI	FIPS							
SPECIAL INS	TRUCTIONS (If	any)										
Change		uthorization	Date	Minor Civil Div	rision Area							
Type A/D/O	Type O/R/L/S/X	Authorization Number	Month/Day, Year	Name	Acres (tenths)							
(1)	(2)	(3)	(4)	(5)	(6)							

If additional space is needed, please use the BAS-3 "Documentation of Changes" form found in the BAS Respondent Guide.



BOUNDARY AND ANNEXATION SURVEY (BAS)

AMERICAN INDIAN RESERVATIONS AND OFF-RESERVATION TRUST LAND

Boundaries as of —	
--------------------	--

To report changes for your American Indian Area (AIA), please complete this form.

GENER/ INSTRUCT		 Please do not return all of the maps. Sign and return <u>only</u> the maps with changes. Return the completed form(s) and updated map(s) using the return label. For further instructions on filling out this form, please refer to the BAS Respondent Guide. 									
American In	dian re	eservation/off-reservation trus	st land nam	ne							
BAS ID			CENSUS CODE				CODE	. ,	ANSI		
Question	1 N	IAME CHANGE – Please	mark (X)	the applicable l	ooxes.	<u> </u>		 			
Yes	s – Coi – Ente	f this American Indian resentinue with question 2. er correction here. tinue with question 2.	Please	provide suppo	t as shown abov orting document dent Guide for in	ation:	ns.)	Effective date of change Date (Month/Day/Year)			
Question			N – Pleas	e fill in your co	ntact informa	ation in the spa	ace pro	vided beld	DW.		
Mailing		BAS Respondent is the pe	ndent			· ·	<u>, </u>				
Name					Adduss						
Position				Address							
Department					City						
Telephone	()		Ext.	State			ZIP code			
Fax	()			E-mail						
		Mark (X) this box if the BAS F he same as the BAS Mailing		t is → □				ox if the BA the Tribal C	S Respondent Chair.		
Question	3 (CONTACT INFORMATIO	N – Pleas	e fill in or corre	ct the contac	ct information l	below.				
Mailing Address	(Prov	BAS Mailing (ride address where BAS n		hould be sent.)							
Name					Address						
Position					Address						
Department					City						
Telephone	()		Ext.	State			ZIP code			
Fax	()			E-mail						
Mailing Ad	dress	Tribal Chair									
Name					Address						
Position					Address						
Department					City						
Telephone	()		Ext.	State			ZIP code			
Fax	()			E-mail						

RETURN FORMS TO: REMINDER: Sign and date the signature box on all updated map sheets. U.S. Census Bureau **National Processing Center** Thank you for your participation and timely response. ATTN: BAS Returns, Building 63E 1201 East 10th Street **QUESTIONS?** Jeffersonville, IN 47132 For further information: Telephone: E-mail: geo.aiana@census.gov Website: https://www.census.gov/programs-surveys/bas.html SPECIAL INSTRUCTIONS (If any) *If you have tribal subdivision changes, please return your paper forms. Please check appropriate box. Tribal Governing Body Type: Federal Traditional Self-Governance Other <u>IMPORTANT</u> - PLEASE REVIEW THE ENCLOSED MAPS AND ANNOTATE EACH CHANGE ON THE MAP(S) WITH THE APPROPRIATE DOCUMENTATION ACCORDING TO THE INSTRUCTIONS PROVIDED IN THE **BAS RESPONDENT GUIDE.** Update the map(s) USING THE APPROPRIATE COLORED PENCILS. You must provide supporting documentation such as a trust deed or court order when submitting legal boundary changes.

CENSUS USE ONLY									
Date processed		Clerk ID processed		S/S change		Map received		Map change	
Date verified		Clerk ID verified		S/S no change		Other map		Map no change	
Date form keyed		Date GPP updated		PLAT/ Description		Map signed		Letter	

FORM (11-17	BAS-5 -2016)		
Qu	estion 4	LEGAL BO	DUNDARY AND OTHER CHANGES – Please mark (X) the applicable box(es).
		Time perio	d
4a.	(Include leg BAS Respo	ial changes s ndent Guide	ns or deletions of any reservation or off-reservation trust land areas <u>during</u> the time period shown above? such as changing the status of land from off-reservation trust land to reservation land. Please refer to the for a description of legal boundary changes.)
	P	rovide supp	gal changes (additions, deletions and other changes) in the <u>Documentation of Changes</u> section of the late the map(s) USING THE ENCLOSED RED PENCIL. orting documentation for each change (i.e. trust deed or court order). <i>Continue with question 4b.</i>
	∐ No – <i>C</i>	ontinue with	question 4b.
4b.	that do not	appear on the	ns or deletions of any reservation or off-reservation trust land areas <u>before</u> the time period shown above the enclosed maps?
		_	such as changing the status of land from off-reservation trust land to reservation land.)
	☐ Yes – R t €	Record all leg he form and each change	gal changes (additions, deletions and other changes) in the <u>Documentation of Changes</u> section of update the map(s) USING THE ENCLOSED RED PENCIL. Provide supporting documentation for (i.e. trust deed or court order). <i>Continue with question 4c.</i>
	□ No – <i>C</i>	ontinue with	question 4c.
4c.	Besides leg	gal changes	, are there any boundary corrections that need to be made to your boundary on the map(s)?
	Yes – P	Please correc	et the map(s) USING THE ENCLOSED RED PENCIL and the initials BC to indicate a boundary correction.
	Enter t	he total num	nber of boundary corrections. — Continue with question 4d.
	□ No – <i>C</i>	ontinue with	question 4d.
4d.			or modify any tribal subdivision areas? ame, type and/or status as well as boundary changes.)
	☐ Yes –	Complete th	e Tribal Names and Status Documentation Section of the form. Continue with question 4e.
	□ No - 0	Continue witi	h question 4e.
4e.	Did you ch	nange, add	or delete any roads, streams/rivers, or any other physical features on the map(s)?
	Yes -	Correct the r	map(s) according to the instructions provided in the BAS Respondent Guide. Continue with question 4f.
	□ No - <i>C</i>	Continue with	h question 4f.
4f.	Did you ch	nange, add o or add any	or delete any of the address ranges shown at the reservation and/or off-reservation trust land address ranges for boundary changes you made to the map(s)?
	☐ Yes –	Correct the r	map(s) according to the instructions provided in the BAS Respondent Guide.
	☐ No		
			REMINDER: Sign and date the signature box on all updated map sheets.
			nemniben. Jign and date the signature box on an apaated map sheets.
			For further information: https://www.census.gov/programs-surveys/bas.html
			integral, integral, programo da voyo, buontani

Documentation of Changes AMERICAN INDIAN RESERVATIONS AND OFF-RESERVATION TRUST LAND

American Indian reservation/off-reservation trust land name

BAS ID	CENSUS CODE	CODE	ANSI

Please follow the instructions below and review the preprinted entries for correctness and completeness. Print in the space provided the information requested for all additions, deletions and other changes that have occurred during the previous year.

Instructions for Entering Data in Columns

- (1) Change Enter **A** for additions, **D** for deletions, **B** for boundary corrections, or **O** for other changes.
- (2) Authorization (Type) Enter the authorization type. (A = Act of Congress, Statute, or Federal Law. C = Federal Court decision, D = Deed placing land into trust, and N = Federal Register notice or notice published in a local newspaper by the federal government, or X = Other)
- (3) Authorization (Identifying Number) Enter the identifying number for the change you are reporting.
- (4) Date Enter the effective date of the change. (Month, day, year)
- (5) Land Enter the **type of land** added. (R = reservation or T = off-reservation trust land)
- (6) County/Equivalent Enter the name of the county or equivalent area in which the change occurred.
- (7) Area Enter the **estimated size** (in tenths of acres) of the addition, deletion or other change.

Change		Authorization	Date	Land		Area
Type A/D/B/O	Type A/C/D/N/X	Identifying Number (If any)	Month/Day Year	Type R/T	County/Equivalent Name	Acres (Tenths)
(1)	(2)	(3)	(4)	(5)	(6)	(7)

If additional space is needed, please use the BAS-5 "Documentation of Changes" form found in the BAS Respondent Guide.

Documentation of Changes – *Continued* **AMERICAN INDIAN RESERVATIONS AND OFF-RESERVATION TRUST LAND**

American Indian reservation/off-reservation trust land name

BAS ID			CENSUS CODE			CODE	ANSI		
Change Type A/D/B/O	Туре	Authorization Identifying Numbe (If any)		Date nth/Day, Year	Land Type R/T	Cou	inty/Equivalent Name	Ac	rea cres
	A/C/D/N/X (2)	(If any)							nths)
(1)	(2)	(3)		(4)	(5)		(6)	(,	7)

Tribal Names and Status Documentation TRIBAL SURDIVISIONS

TRIBAL SUBDIVISIONS							
American Indian re	servation/off-reservat	ion trust land r	name				
BAS ID		CENSUS CODE		CODE	ANSI		
government for ye administration wi	our reservation and/or	ions in the U.S. off-reservation t trust land boun	Census Bureau records trust land. Tribal subdivisidaries that serve social, s, etc.	sions are units	s of self-government or		
If your tribal government previously submitted tribal subdivisions to the U.S. Census Bureau, please review the list of tribal subdivisions below and make any necessary changes to the name, type, status or date. Active, legal subdivisions are defined as having a functioning government with elected officials that provides services within the subdivision. Inactive subdivisions have no functioning government or elected officials and receive services solely from the tribe. Tribal government resolutions or ordinances must accompany any changes as supporting documentation. If you would like to delineate a tribal subdivision for the first time, please refer to the BAS Respondent Guide for instructions.							
below and the en	To report additions, deletions, modifications and/or boundary changes to existing tribal subdivisions, please update both the list below and the enclosed map(s). You may make changes to the maps with the BLUE pencil that is provided. Please refer to your BAS Respondent Guide for more information.						

OFFICIAL NAME OF TRIBAL SUBDIVISION If the name shown has changed — • Please draw a line through it, • Print the correct name above it, and	Is this an active [A] or inactive [I] subdivision? (See definitions above.)	STATUS CHANGES If changes in status have occurred: mark (X) the appropriate column and enter the effective date in column (8).					EFFECTIVE DATE
 Enter the date the change was effective in column (8). If the name is misspelled — Please correct the spelling only. Do not enter a date in column (8). 	If the type shown is incorrect — Please draw a line through it, Print the correct type above it, and Enter the date the change was effective in column (8). if applicable.		Deleted subdivision	Subdivision never existed	Legal boundary change	Boundary correction	Month, day, year
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)

If additional space is needed, please use the BAS-5 "Tribal Names and Status Documentation" form found in the BAS Respondent Guide.

Tribal Names and Status Documentation – *Continued* **TRIBAL SUBDIVISIONS**

American Indian reservation/off-reservation trust land name

BAS ID		CENSUS CODE		COI	DE	ANSI				
OFFICIAL NAME OF TRIBAL SUBDIVISION If the name shown has changed — • Please draw a line through it, • Print the correct name above it, and		subdivis	TYPE Is this an active [A] or inactive [I] subdivision? (See definitions above			STATUS CHANGES If changes in status have occurred mark (X) the appropriate column and enter the effective date in column (8).				EFFECTIVE DATE
in column (If the name is • Please corre	ate the change was effectiv 8). Is mispelled — ect the spelling only. In a date in column (8).	PleasePrint iEnter	pe shown is incorrect — e draw a line through it, the correct type above it, the date the change was ive in column (8). if applic		New subdivision	Deleted subdivision	Subddivision never existed	Legal boundary change	Boundary correction	Month, day, year
	(1)		(2)		(3)	(4)	(5)	(6)	(7)	(8)

FORM **BAS-6** (10-12-2011)

BOUNDARY AND ANNEXATION SURVEY (BAS) CONSOLIDATED BAS

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

GENERAL
INSTRUCTIONS

To sign up for the Consolidated BAS (C-BAS) program, please complete this form.

- It is important that all questions on the form are answered completely.
- Return the completed form(s) by August 1st for your county to be consolidated for next year's BAS.

→	• For further information, please contact the Legal Areas Team by calling (301) 763-1099 or emailing geo.bas@census.gov.								
Name of county, parish, b	State								
BAS ID			STATE CODE		COUNTY CODE				
Section 1	CONSOLID	ATED BAS	MAILING ADDRESS (A	ddress where Consolidated BAS	S materials should be sent) – <i>Ple</i>	ease fill in contact inform	ation below.		
Name:				A dalyana.					
Position:				Address:					
Department:				City:					
Telephone:	()	_	Ext:	State:		ZIP code			
Fax:	()	_		E-mail:					

Instructions for filling out this form:

- 1) After contacting each of the entities listed below, enter a Y (Yes) or N (No) in the "Agreed" column to note each entity's response to participating in the Consolidated BAS program.
- 2) Fill in the name, position and phone number of the contact person you spoke with from each entity. Please provide this information for all entities listed below.
- 3) Enter the date that you spoke with each entity contact in the "Date of Contact" column.

Section 2	PARTICIPATION ROSTER					
BAS ID	Entity Name	Agreed? Y/N	Contact Name	Position	Telephone Number	Date of Contact

Section 2	PARTICIPATION ROSTER - Continu	ied				
BAS ID	Entity Name	Agreed? Y/N	Contact Name	Position	Telephone Number	Date of Contact
FORM RAS-6 (10-12-2011)						

Section 2	PARTICIPATION ROSTER - Continu	ied				
BAS ID	Entity Name	Agreed? Y/N	Contact Name	Position	Telephone Number	Date of Contact
FORM RAS-6 (10-12-2011)						



2018 BOUNDARY AND ANNEXATION SURVEY ANNUAL RESPONSE AND CONTACT UPDATE FORM

OMB No. 0607-0151 Approval Expires: 03/31/2019

Please respond to the BAS using this form	n or or	line at https://www.census.gov	/geo/partnerships/ba	as/bas_ar_form.html
For more information on the BAS, visit the	BAS	website at <a 1-800-972<="" as="" bas-arf"="" href="https://www.census.gray.gray.gray.gray.gray.gray.gray.gray</td><td>gov/programs-surve</td><td>ys/bas.html</td></tr><tr><th>Mark (X) one box.</th><td></td><td></td><td></td><td></td></tr><tr><th>Our government does not have bo</th><td>undary</td><td>changes to report.</td><td></td><td></td></tr><tr><th>Our government HAS boundary changes update my government's boundaries. Plea</th><td></td><td></td><td></td><td>ions to review and</td></tr><tr><th>We will download the Geographic Up shapefiles only.</th><td>pdate F</td><td>Partnership Software (GUPS)</td><td>DR we will download</td><td>d</td></tr><tr><th>Please send the Geographic Update</th><td>Partne</td><td>ership Software (GUPS) and sl</td><td>napefiles on DVD.</td><td></td></tr><tr><th>Please send Paper Maps.</th><td></td><td></td><td></td><td></td></tr><tr><th colspan=8>CONTACT INFORMATION: BAS materials will be mailed to the Highest Elected Official (HEO) or Tribal Chair (TC) if there is no BAS contact information printed below. If you prefer to have your BAS materials shipped directly to a person responsible for updating your boundaries, provide the contact information in the space below. Please use black ink to correct any preprinted information. Our records indicate the HEO/TC contact is: Our records indicate the BAS contact is:</th></tr><tr><th></th><th></th><th>Decition</th><th></th><th>Data</th></tr><tr><th>Name of person filling out this form</th><th></th><th>Position</th><th></th><th>Date</th></tr><tr><th>To save nonresponse follow-up costs, respond online, email, mail, or fax the form to the U.S. Census Bureau within 10 calendar days.</th><td>Natio
1201
Jeffe</td><td>Census Bureau onal Processing Center East 10th Street, BLDG 63E rsonville, IN 47132-0001</td><td>E-mail questions/ogeo.bas@census.use " phone:="" td=""><td>gov; s the subject.</td>	gov; s the subject.	