

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					Туре				State)	
B.	County(ies), equivalent a		es), borough(s), code)	or other stat	istically		C. Minor	civil divisions	(code)				
		7											
	BAS ID			STATE CODE		PLACE CODES		ANSI	FIPS				
Q	NAME, TYPE, COUNTY, OR MINOR CIVIL DIVISION CHANGE – Please mark (X) the appropriate boxes.												
1a	. Are the n	ame an	d descriptor (i	.e., city, to	vn, village, bord	ough) of	f this inco	rporated pla	ce correct as sh	own in bo	x A, at		
	the top o	r tne pa	ge?							Eff	ective c	late of	change
			ue with questio prrection here.		Name:				Туре:	Da	ite: (Mo	nth/Day	//Year)
1b	located c	orrect a	county(ies) or is shown in bo question 2. prrection(s) in q	oxes B and	area(s) and mir C, at the top of	nor civil the pag	division(e?	s) within wh	ich this incorpo	rated place	is		
10					fective date of t on a separate s		ge.						
	A – Add D – Delete		Name of count	ty or equival	ent area			Minor civil	division		Effective		
	D - Defete										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 Responde (The BAS Respondent is the person		out this form.)		_	k (X) one gov		ent type f County		AS Respond	dent.
Name	Π				A 1 1							
Position	T				Address							
Department	T				City							
Telephone	()		Ext.	State				ZIP code			
Fax	()			E-mail							
		Mark (X) this box if the BAS Resp 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 mate		hould be sent.)	N	_	X) one govern		<i>t type for</i> County		<i>Mailing Co</i> egional	ntact.
Name					Address							
Position					Address							
Department					City							
Telephone	()		Ext.	State				ZIP code			
Fax	()			E-mail							
Mailing Address Highest Elected Official (for incorporated place only)												
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: nsus Bureau al Processing Center BAS RETURNS, BLDG 63E ast 10th Street bonville, IN 47132	R	REMINDER: Sig	jn and date nk you for yo						ıp sheets.	
Questions	3?	Telephone: 1-800-972-5651 E	Ξ-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	۱S	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		
			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		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)
						-
						1
						\bot

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	uthorizatio		Date Month/Day,	Co	unty/Equivalent	Minor Civil Division	Area Acres
A/D/O	O/R/L/S/X	Nur	Number Name Name Name (if an					(Tenths)
(1)	(2)	(:	3)	(4)		(5)	(6)	(7)

☐ No – Continue with question 3.



BOUNDARY AND ANNEXATION SURVEY (BAS)

	CEIISU:	COUNTI	ES AND EQU	VALENT AREAS	S	
		Boundari	es as of —			
	GENERAL TRUCTIONS	To report changes for your co It is important that all questions of If there are no boundary changes electronically at https://www.ce Please do not return all of the main Return the completed form(s) and For further instructions on filling	on the form are and to report, please on sus.gov/progra ps. Sign and retur d updated map(s) u	swered completely. email geo.bas@censu ms-surveys/bas.htn n only the maps with using the preaddresse	s.gov, call 1–800–972– 1]. changes. ed envelope or return l	5651, or respond
Cou	nty, parish, bor	ough or equivalent area		Type		State
E	BAS ID	S	TATE CODE	·	COUNTY CODE	·
	IMPORTANT - INSTRUCTION	ANNOTATE EACH CHANGE ON THE NS PROVIDED IN THE BAS RESPOND	MAP(S) WITH THI ENT GUIDE. Pleas	E APPROPRIATE DOG se update the map(s) U	CUMENTATION ACCO SING THE APPROPRIAT	ORDING TO THE TE COLORED PENCILS.
Qu	estion 1 LI	EGAL COUNTY BOUNDARY CHA	NGES DURING	THIS PERIOD —	→	
1a. 1b.	Have there be Yes - Plea sect No - Cont Are there any for question 1, Yes - Plea No - Cont Besides legal	e appropriate boxes. en any legal boundary changes to this use record all legal changes (annexation cition of this form and update the map(set) citinue with question 1b. Ilegal boundary changes to the county county, but do not appear on the enclosed mase update the map(s) with the RED PE ctinue with question 1c. Ichanges, are there any boundary correct	ns, deannexations) USING THE ENC , parish, borough caps? ENCIL. Continue was	, and other actions) in LOSED RED PENCIL. or equivalent area that ith question 1c. o be made to your bo	t the <u>Documentation of</u> Continue with question t occurred prior to the undary on the map(s)	of Changes n 1b. time period shown
1d.	Enter the made to to No - Con Is your county Yes - Con No - Plea	trect the map(s) USING THE RED PENCE total number of boundary corrections the county or equivalent area's boundary tinue with question 1d. Ye a consolidated BAS respondent? If you not	that were ary.	continution of the continution o	ue with question 1d. ease consult your BAS	·
Ou		THER CHANGES – Mark (X) applic	·			
2a.	Have there be parish, boroug Yes - Ple No - Con	een any legal boundary changes to the gh or equivalent area during the time ase update the map(s) with the RED Patinue with question 2b.	minor civil divisio period shown for o ENCIL. <i>Continue</i> w	question 1, above? vith question 2b.		
	ime period sl ☐ Yes – Ple ☐ No – Con	legal boundary changes to the minor hown for question 1, but do not appea ase update the map(s) with the RED Patinue with question 2c.	r on the enclosed ENCIL. <i>Continue w</i>	maps? vith question 2c.		
2c.	incorporated p Yes – Plea Enter the were mad	ase update the map(s) with the RED Pl total number of boundary corrections de to MCDs and incorporated places.	ENCIL and the lette		boundary correction.	ns (MCDs) or
2d.		tinue with question 2d. to report any additions, deletions or ot	her changes to the	e features (other than	boundaries) shown or	n 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 spa	ace prov	ided belo	w.		
Mailing Address	BAS Respon (The BAS respondent is the pers			Mark (X) one ☐ Local		nent type i unty/equiv		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			Mark (X) to the same a					
Question	4 CONTACT INFORMATION	N – Please fill in or corre	ct the contac	ct information l	below.				
Mailing Address	BAS Mailing C (Provide address where BAS ma		/	Mark (X) one go		t type for unty/equiv		Mailing Co	
Name			Address						
Position			Address						
Department			City						
Telephone	. , ,		State			ZIP code			
Fax	()		E-mail						
Mailing Address	Highest Elected (for county, parish, borough								
Name									
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		the signature				ap sheets	.
Questions	Telephone: 1-800-972-5651	E-mail: geo.bas@census.g	jov websit	e: https://www.c	ensus.go	v/program	s-surveys	s/bas.html	
SPECIAL IN	NSTRUCTIONS (If any)				C	ENSUS	USE ON	ILY	
				Date processe	ed		Clerk ID processe	d	
				Date verified			Clerk ID verified		
				Date for keyed	m		Date GPI updated		
				S/S char	nge 🗌	Map rece	ived 🗌	Map change	
				S/S no change		Other ma	ар 🗌	Map no change	
				PLAT/ Descript	ion \square	Map signed		Letter	

GOVERNMENT NAMES AND STATUS DOCUMENTATION COUNTIES AND EQUIVALENT AREAS

unty, 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.)	Waar
(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	inty, 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 —	Enter the date the change was effective in column (9).				STATUS CHANGE If changes in status h occurred — Please ma in the appropriate col and enter the date t change was effective i				re (X) nn	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	A	uthorization	Date	F 474	County/	Minor Civil Division	Area
Type A/D/O	Type O/R/L/S/X	Authorization Number	Month/Day, Year	Entity Name	County/ Equivalent Name	Name (if any)	Acres (tenths)
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
					1		
	<u> </u>		1		1		

Documentation of Changes – Continued COUNTIES AND EQUIVALENT AREAS

County, par	rish, borough or	r 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 1		(tenths)
(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		COUNTY CODE		MCD CODE		NSI FII	PS	
									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	CONTACT INFORMATION	– Pleas	se fill in your co	ntact informa	ation	in the space	pro	vided bel	ow.		
Mailing Address		BAS Respond (The BAS Respondent is the perso		out this form.)		-	rk (X) one go		ment type County		BAS Respo	ondent.
Name												
Position					Address							
Department					City							
Telephone	()		Ext.	State				ZIP code			
Fax	()			E-mail			•		•		
		Mark (X) this box if the BAS Re is the same as the BAS Mailing					Mark (X) this the same as					-
Question	5	CONTACT INFORMATION	– Pleas	e fill in or corre	ct the conter	nt info	ormation bel	ow.				
Mailing Address		BAS Mailing Co (Provide address where BAS mate		ould be sent.)	Λ		'X) one gover ☐ Local		<i>nt type fo</i> County		S <i>mailing</i> Regional	contact
Name					Address							
Position					Address							
Department					City							
Telephone	()		Ext.	State				ZIP code			
Fax	()			E-mail							
Mailing Address		Highest Elected ((for MCD onl		I								
Name					A d d							
Position					Address							
Department					City							
Telephone	()		Ext.	State				ZIP code			
Fax	()			E-mail							
U.S. (Natio ATTN 1201	Cei na : E	nsus Bureau Il Processing Center BAS RETURNS, BLDG 63E ast 10th Street Donville, IN 47132	R	R EMINDER: Siç Tha	in and date nk you for yo						nap shee	ts.
Questions	?	Telephone: 1-800-972-5651 E	-mail: ge	eo.bas@census.g	ov website	e: <u>http</u>	s://www.cens	us.go	v/program	ns-survey	s/bas.html	
SPECIAL IN	IS	TRUCTIONS (If any)						CE	NSUS U	SE ONL	Υ	
							Date processed			Clerk ID processe	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	ар 🗌	Map no change	
							PLAT/ Description		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)

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- (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
Type A/D/O	Type O/R/L/S/X	Authorization Number	Date Month/Day, Year	Name	Acres (tenths
(1)	(2)	(3)	(4)	(5)	(6)

		Docum	nentation of C MINOR CIVIL	hanges - Continue DIVISIONS	ed
Minor civil di	vision		Туре	County	State
BAS ID		STATE CODE	COUNTY CODE	MCD CODES ANSI	FIPS
SPECIAL INS	TRUCTIONS (If	any)			
Change		uthorization	Date	Minor Civil	Division Area
Type A/D/O	Type O/R/L/S/X	Authorization Number	Month/Day, Year	Nam	Ι Δατρε
(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 — $\left[\right.$		

GENER/ INSTRUCT		I o report changes It is important that a If there are no boundelectronically at
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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.

	CEN	SUS 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 BOUNDARY AND OTHER CHANGES – Please mark (X) the applicable box(es).
	Time period
4a.	Were there any additions or deletions of any reservation or off-reservation trust land areas <u>during</u> the time period shown above? (Include legal changes such as changing the status of land from off-reservation trust land to reservation land. Please refer to the BAS Respondent Guide for a description of legal boundary changes.)
	Yes – Record all legal changes (additions, deletions and other changes) in the Documentation of Changes section of the form and update the map(s) USING THE ENCLOSED RED PENCIL. Provide supporting documentation for each change (i.e. trust deed or court order). Continue with question 4b.
	☐ No – Continue with question 4b.
4b.	Were there any additions or deletions of any reservation or off-reservation trust land areas <u>before</u> the time period shown above that do not appear on the enclosed maps? (Include legal changes such as changing the status of land from off-reservation trust land to reservation land.)
	Yes – Record all legal changes (additions, deletions and other changes) in the <u>Documentation of Changes</u> section of the form and update the map(s) USING THE ENCLOSED RED PENCIL. Provide supporting documentation for each change (i.e. trust deed or court order). <i>Continue with question 4c.</i>
	□ No – Continue with question 4c.
4c.	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. —> Continue with question 4d.
	□ No – Continue with question 4d.
4d.	Did you add, delete, or modify any tribal subdivision areas? (Include changes to name, type and/or status as well as boundary changes.)
	Yes – Complete the <u>Tribal Names and Status Documentation Section</u> of the form. <i>Continue with question 4e.</i>
	□ No – Continue with question 4e.
4e.	Did you change, add or delete any roads, streams/rivers, or any other physical features on the map(s)?
	☐ Yes – Correct the map(s) according to the instructions provided in the BAS Respondent Guide. Continue with question 4f.
	□ No – Continue with question 4f.
4f.	Did you change, add or delete any of the address ranges shown at the reservation and/or off-reservation trust land boundary, or add any address ranges for boundary changes you made to the map(s)?
	\square Yes – Correct the 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.
	nemnoen. Sign and date the signature box on an apaated map sheets.
	For further information: https://www.census.gov/programs-surveys/bas.html

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			COI	DE	ANSI	
Change Type A/D/B/O	Type A/C/D/N/X	Authorization Identifying Number (If any)		Date nth/Day, Year	Land Type R/T		Cou	nty/Equivalent Name	Area Acres (tenths)
(1)	(2)	(11 ally)		(4)	(5)			(6)	(7)
(1)	(=/	(6)			(0)			(0)	(7)

	I ribal f		and Status Do IBAL SUBDIVISION		nent	atio	on			
American India	an reservation/off-reservation	trust land r	name							
BAS ID		CENSUS CODE		COI	DE	ANS	SI .			
	Tribal Subdivis	ions as of								
government administratio	are all of the tribal subdivision for your reservation and/or off- on within reservation and/or tru s districts, communities, chapto	reservation t st land boun	trust land. Tribal subdivis Idaries that serve social, e	ions are	units o	of self-	governr	nent or		nay be
subdivisions having a fun functioning of must accom please refer	government previously submit below and make any necessar ctioning government with elect government or elected officials pany any changes as supportin to the BAS Respondent Guide to	y changes to ed officials t and receive g documenta for instructio	o the name, type, status o that provides services wit services solely from the t ation. If you would like to ons.	r date. A hin the s ribe. Tri delinea	Active, subdivi ibal gov ite a tri	legal s sion. I vernm bal sul	ubdivisi nactive s ent reso odivisior	ons are subdivis lutions on for the	define ions h or ordi first t	ed as ave no nances ime,
below and th	ditions, deletions, modification ne enclosed map(s). You may n dent Guide for more information	nake change:	indary changes to existing s to the maps with the BL	g tribal : .UE pen	subdivi cil that	sions, is pro	please ι vided. P	ipdate b lease ref	oth th	e list your
	AL NAME OF TRIBAL SUBDIVISION		TYPE				US CHA			
If the name shown has changed — • Please draw a line through it, • Print the correct name above it, and		subdivisi	Is this an active [A] or inactive [I] subdivision? (See definitions above.) If the type shown is incorrect —		If changes in status have of mark (X) the appropriate and enter the effective of column (8).			riate col tive date	urred: umn e in	EFFECTIVE DATE
in column (8 If the name is • Please corre	ate the change was effective 8). s misspelled — ect the spelling only. r a date in column (8).	PleasePrint theEnter the	e draw a line through it, he correct type above it, the date the change was ve in column (8). if appli	;	New subdivision	Deleted subdivision	Subdivision never existed	Legal boundary change	Boundary correction	Month, day, year
20	(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				
If the name s • Please draw • Print the co	AL NAME OF TRIBAL SUBDIVISION hown has changed — v a line through it, rrect name above it, and	subdivis	TYPE n active [A] or inactive [I] sion? (See definitions about the shown is incorrect —	ve.)	If cha mark and	nges ir (X) the l enter	TUS CHA n status h e approp the effec column (a	nave occ oriate col tive date	urred umn in	EFFECTIVE DATE
in column (If the name is • Please corre	ate the change was effectiv 8). s mispelled — ect the spelling only. er a date in column (8).	PleasePrint iEnter	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	CONSOLIDATED BAS MAI	LING ADDRESS (A	ddress where Consolidated BAS	materials should be sent) – <i>Plea</i>	ase fill in contact information	below.			
Name:			Address						
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 v	website at https://www.census.g	gov/programs-surve	ys/bas.html
Mark (X) one box.				
Our government does not have bo	undary	changes to report.		
Our government HAS boundary changes update my government's boundaries. Plea				ions to review and
We will download the Geographic Up shapefiles only.	pdate F	Partnership Software (GUPS)	DR we will download	d
Please send the Geographic Update	Partne	ership Software (GUPS) and sl	hapefiles on DVD.	
Please send Paper Maps.				
CONTACT INFORMATION: BAS mate Chair (TC) if there is no BAS contact infor directly to a person responsible for updati below. Please use black ink to correct any Our records indicate the HEO/TC contact	rmation ng you y prepri	printed below. If you prefer to r boundaries, provide the conta	have your BAS material have information in the	terials shipped e space
Name of person filling out this form		Position		Date
To save nonresponse follow-up costs, respond online, email, mail, or fax the form to the U.S. Census Bureau within 10 calendar days.	U.S. Census Bureau National Processing Center 1201 East 10th Street, BLDG 63E Jeffersonville, IN 47132-0001 Fax Number: 1–800–972–5652 E-mail questions/comments to: geo.bas@census.gov; use "BAS-ARF" as the subject. Phone: 1–800–972–5651			