



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.

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

BAS ID		STATE CODE		PLACE CODES	ANSI	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 descriptor (i.e., city, town, village, borough) of this incorporated place correct as shown in box A, at the top of the page?

<input type="checkbox"/> Yes – Continue with question 1b. <input type="checkbox"/> No – Enter correction here. →	Name:	Type:	Effective date of change 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.

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	City		
Department	State	ZIP code	
Telephone ()	Ext.		
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.

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	City		
Department	State	ZIP code	
Telephone ()	Ext.		
Fax ()	E-mail		

Highest Elected Official		<i>(for incorporated place only)</i>	
Name	Address		
Position	City		
Department	State	ZIP code	
Telephone ()	Ext.		
Fax ()	E-mail		

RETURN FORMS TO:

**U.S. Census Bureau
National Processing Center
ATTN: BAS RETURNS, BLDG 63E
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: <https://www.census.gov/programs-surveys/bas.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"/>	Map received <input type="checkbox"/>	Map change <input type="checkbox"/>	
S/S no change <input type="checkbox"/>	Other 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*

(1) consolidated/merged with

(2) been annexed by

(3) dissolved/disincorporated

(4) Other – *Provide an explanation.* →

Government	(Month/Day/Year) Ordinance/Resolution No.
Name of government with which place consolidated/merged	Date
	Number
Name of government annexing this incorporated place	Date
	Number
Name of government being dissolved/disincorporated	Date
	Number
	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 letters "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.



BOUNDARY AND ANNEXATION SURVEY (BAS)

COUNTIES AND EQUIVALENT AREAS

Boundaries as of —

GENERAL INSTRUCTIONS

To report changes for your county, parish, borough or equivalent area, 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 preaddressed envelope or return label.
- For further instructions on filling out this form, please refer to the BAS Respondent Guide.

County, parish, borough or equivalent area

Type

State

BAS ID

STATE CODE

COUNTY CODE

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 LEGAL COUNTY BOUNDARY CHANGES DURING THIS PERIOD →

Please mark (X) the appropriate boxes.

- 1a.** Have there been any legal boundary changes to this county, parish, borough or equivalent area 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 1b.*
- No – *Continue with question 1b.*
-
- 1b.** Are there any legal boundary changes to the county, parish, borough or equivalent area that occurred prior to the time period shown for question 1, but do not appear on the enclosed maps?
- Yes – Please update the map(s) with the RED PENCIL. *Continue with question 1c.*
- No – *Continue with question 1c.*
-
- 1c.** Besides legal changes, are there any boundary corrections that need to be made to your boundary on the map(s)?
- Yes – Correct the map(s) USING THE RED PENCIL and the letters "BC" to indicate a boundary correction.
- Enter the total number of boundary corrections that were made to the county or equivalent area's boundary. → *Continue with question 1d.*
- No – *Continue with question 1d.*
-
- 1d.** Is your county a consolidated BAS respondent? *If you are unfamiliar with this approach, please consult your BAS Respondent Guide.*
- Yes – *Continue with question 2.*
- No – Please encourage the MCD and/or incorporated place BAS respondents in your county, parish, borough or equivalent area to report their changes. *Continue with question 2d.*

Question 2 OTHER CHANGES – Mark (X) applicable box(es).

- 2a.** Have there been any legal boundary changes to the minor civil divisions or incorporated places (if any) within this county, parish, borough or equivalent area during the time period shown for question 1, above?
- Yes – Please update the map(s) with the RED PENCIL. *Continue with question 2b.*
- No – *Continue with question 2b.*
-
- 2b.** Are there any legal boundary changes to the minor civil divisions or incorporated places (if any) that occurred prior to the time period shown for question 1, but do not appear on the enclosed maps?
- Yes – Please update the map(s) with the RED PENCIL. *Continue with question 2c.*
- No – *Continue with question 2c.*
-
- 2c.** Are there any corrections that should be made to the boundaries shown on the map(s) of your minor civil divisions (MCDs) or incorporated places?
- Yes – Please update the map(s) with the RED PENCIL and the letters "BC" to indicate a boundary correction.
- Enter the total number of boundary corrections that were made to MCDs and incorporated places. → *Continue with question 2d.*
- No – *Continue with question 2d.*
-
- 2d.** Do you wish to 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.* No – *Continue with question 3.*

Question 3 CONTACT INFORMATION – Please fill in your contact information in the space provided below.

Mailing Address **BAS Respondent** *(The BAS respondent is the person filling out this form.)* Mark (X) one government type for the BAS Respondent.
 Local County/equivalent 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. →

Mark (X) this box if the BAS Respondent is the same as the Highest Elected Official. →

Question 4 CONTACT INFORMATION – Please fill in or correct the contact information below.

Mailing Address **BAS Mailing Contact** *(Provide address where BAS materials should be sent.)* Mark (X) one government type for the BAS Mailing Contact.
 Local County/equivalent Regional

Name			Address			
Position						
Department			City			
Telephone	()	Ext.	State		ZIP code	
Fax	()		E-mail			

Mailing Address **Highest Elected Official** *(for county, parish, borough or equivalent area)*

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 63E
 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: <https://www.census.gov/programs-surveys/bas.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"/>	Map received <input type="checkbox"/>	Map change	<input type="checkbox"/>
S/S no change <input type="checkbox"/>	Other map <input type="checkbox"/>	Map no change	<input type="checkbox"/>
PLAT/Description <input type="checkbox"/>	Map signed <input type="checkbox"/>	Letter	<input type="checkbox"/>



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

No – Enter correction here. →

Name	Type	Effective date of change Date (Month/Day/Year)
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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>	
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 63E
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: <https://www.census.gov/programs-surveys/bas.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"/>	Map received	<input type="checkbox"/>
S/S no change	<input type="checkbox"/>	Other map	<input type="checkbox"/>
PLAT/Description	<input type="checkbox"/>	Map signed	<input type="checkbox"/>
		Map change	<input type="checkbox"/>
		Map no change	<input type="checkbox"/>
		Letter	<input type="checkbox"/>



BOUNDARY AND ANNEXATION SURVEY (BAS) AMERICAN INDIAN RESERVATIONS AND OFF-RESERVATION TRUST LAND

Boundaries as of —

GENERAL INSTRUCTIONS

To report changes for your American Indian Area (AIA), 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 1-800-796-3748, 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.

American Indian reservation/off-reservation trust land name

BAS ID		CENSUS CODE		CODE	ANSI
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Question 1 NAME CHANGE – Please mark (X) the applicable boxes.

1a. Is the name of this American Indian reservation/off-reservation trust land correct as shown above?

Yes – Continue with question 2.

Please provide supporting documentation:
(Refer to the BAS Respondent Guide for instructions.)

Effective date of change

No – Enter correction here. →
Continue with question 2.

Name	Date (Month/Day/Year)
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Question 2 CONTACT INFORMATION – Please fill in your contact information in the space provided below.

BAS Respondent

Mailing Address (The BAS Respondent is the person filling out this form.)

Name	Address	
Position	City	
Department	State	ZIP code
Telephone ()	Ext.	E-mail
Fax ()		

Mark (X) this box if the BAS Respondent is the same as the BAS Mailing Contact. →

Mark (X) this box if the BAS Respondent is the same as the Tribal Chair. →

Question 3 CONTACT INFORMATION – Please fill in or correct the contact information below.

BAS Mailing Contact

Mailing Address (Provide address where BAS materials should be sent.)

Name	Address	
Position	City	
Department	State	ZIP code
Telephone ()	Ext.	E-mail
Fax ()		

Mailing Address **Tribal Chair**

Name	Address	
Position	City	
Department	State	ZIP code
Telephone ()	Ext.	E-mail
Fax ()		

RETURN FORMS TO:

**U.S. Census Bureau
National Processing Center
ATTN: BAS Returns, Building 63E
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?**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

IMPORTANT - 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 <input type="checkbox"/>	Map received <input type="checkbox"/>	Map change <input type="checkbox"/>
Date verified		Clerk ID verified		S/S no change <input type="checkbox"/>	Other map <input type="checkbox"/>	Map no change <input type="checkbox"/>
Date form keyed		Date GPP updated		PLAT/Description <input type="checkbox"/>	Map signed <input type="checkbox"/>	Letter <input type="checkbox"/>

Question 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 during 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 before 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 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 4c.*
- 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 Tribal Names and Status Documentation Section of the form. *Continue with question 4e.*
- 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)?

- 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.

For further information: <https://www.census.gov/programs-surveys/bas.html>

Tribal Names and Status Documentation

TRIBAL SUBDIVISIONS

American Indian reservation/off-reservation trust land name

BAS ID		CENSUS CODE		CODE	ANSI
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Tribal Subdivisions as of

Listed below are all of the tribal subdivisions in the U.S. Census Bureau records that have been submitted by your tribal government for your reservation and/or off-reservation trust land. Tribal subdivisions are units of self-government or administration within reservation and/or trust land boundaries that serve social, economic, cultural, or legal purposes and may be designated as districts, communities, chapters, precincts, etc.

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.

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 — <ul style="list-style-type: none"> • Please draw a line through it, • Print the correct name above it, and • Enter the date the change was effective in column (8). If the name is misspelled — <ul style="list-style-type: none"> • Please correct the spelling only. • Do not enter a date in column (8). <div style="text-align: center;">(1)</div>	TYPE Is this an active [A] or inactive [I] subdivision? (See definitions above.) If the type shown is incorrect — <ul style="list-style-type: none"> • 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. <div style="text-align: center;">(2)</div>	STATUS CHANGES If changes in status have occurred: mark (X) the appropriate column and enter the effective date in column (8).					EFFECTIVE DATE <i>Month, day, year</i> (8)
		New subdivision	Deleted subdivision	Subdivision never existed	Legal boundary change	Boundary correction	

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



FORM **BAS-ARF**
(9-25-2017)

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 or online at https://www.census.gov/geo/partnerships/bas/bas_ar_form.html

For more information on the BAS, visit the BAS website at <https://www.census.gov/programs-surveys/bas.html>

Mark (X) one box.

Our government **does not** have boundary changes to report.

Our government **HAS** boundary changes to report **OR** I would like to use one of the following options to review and update my government's boundaries. Please mark one of the next three boxes.

We will download the Geographic Update Partnership Software (GUPS) **OR** we will download shapefiles only.

Please send the Geographic Update Partnership Software (GUPS) and shapefiles on DVD.

Please send Paper Maps.

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:

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
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