

## BOUNDARY AND ANNEXATION SURVEY (BAS) CONSOLIDATED BAS (CBAS) AGREEMENT FORM

<b>GENERAL INSTRUCTIONS</b> →	<p><b>To sign up for the Consolidated BAS (CBAS) program, please complete this form.</b></p> <p>1.) Reach out to the BAS Contacts for the entities in your county's jurisdiction. Email &lt;geo.bas@census.gov&gt; to request BAS Contact information.</p> <p>2.) Complete the <b>Participation Roster</b> below as you communicate with the BAS Contacts for the entities in your county's jurisdiction.</p> <p>3.) Return the completed CBAS Form by email to &lt;geo.bas@census.gov&gt;</p>
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Name of county, parish, borough or equivalent area	State
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<b>BAS ID</b>	<b>STATE CODE</b>	<b>COUNTY CODE</b>	
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**Section 1**      **CBAS CONTACT MAILING ADDRESS** (Address where Consolidated BAS materials should be sent) – *Please fill in contact information below.*

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

**Instructions for filling out this form:**

- 1.) Enter the **Entity Name**, including the type of entity, such as "city", "town", "township" for the government entities in your jurisdiction.
- 2.) Enter a **Y** (Yes) or **N** (No) in the "Agreed" column to note each contact's response to participating in the CBAS program.
- 3.) 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 in your jurisdiction.
- 4.) 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 - Continued**

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