



# 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](mailto: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.

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

|        |  |            |  |             |      |      |
|--------|--|------------|--|-------------|------|------|
| BAS ID |  | STATE CODE |  | PLACE CODES | ANSI | FIPS |
|--------|--|------------|--|-------------|------|------|

**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.<br><input type="checkbox"/> No – Enter correction here. → | Name: | Type: | Effective date of change<br>Date: (Month/Day/Year) |
|---|-------|-------|--|

**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<br>D – Delete | Name of county or equivalent area | Minor civil division | Effective date of change |     |      |
|----|-----------------------|-----------------------------------|----------------------|--------------------------|-----|------|
|    |                       |                                   |                      | Month                    | Day | Year |
| 1. |                       |                                   |                      |                          |     |      |
| 2. |                       |                                   |                      |                          |     |      |
| 3. |                       |                                   |                      |                          |     |      |
| 4. |                       |                                   |                      |                          |     |      |

**Question 2 CONTACT INFORMATION** – Please fill in your contact information in the space provided below.

|   |        |  |          |
|---|--------|--|----------|
| <b>BAS Respondent</b>   |        | Mark (X) one government type for the BAS Respondent.   |          |
| Mailing Address<br><i>(The BAS Respondent is the person filling out this form.)</i>                           |        | <input type="checkbox"/> Local <input type="checkbox"/> County <input type="checkbox"/> Regional                   |          |
| Name  |        | Address  |          |
| Position  |        |  |          |
| Department  |        | City   |          |
| Telephone   | (    ) | Ext.   |          |
|   |        | State  | ZIP code |
| Fax   | (    ) | E-mail   |          |
| Mark (X) this box if the BAS Respondent is the same as the BAS Mailing Contact.    → <input type="checkbox"/> |        | Mark (X) this box if the BAS Respondent is the same as the Highest Elected Official.    → <input type="checkbox"/> |          |

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

|   |        |  |          |
|---|--------|--|----------|
| <b>BAS Mailing Contact</b>  |        | Mark (X) one government type for the BAS Mailing Contact.  |          |
| Mailing Address<br><i>(Provide address where BAS materials should be sent.)</i> |        | <input type="checkbox"/> Local <input type="checkbox"/> County <input type="checkbox"/> Regional |          |
| Name  |        | Address  |          |
| Position  |        |  |          |
| Department  |        | City   |          |
| Telephone   | (    ) | Ext.   |          |
|   |        | State  | ZIP code |
| Fax   | (    ) | E-mail   |          |

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

**RETURN FORMS TO:**

**U.S. Census Bureau  
National Processing Center  
ATTN: BAS RETURNS, BLDG 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](mailto: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.* →

| <b>Government</b>                                       | (Month/Day/Year)<br>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.**

## Documentation of Changes INCORPORATED PLACES

|                    |      |       |
|--------------------|------|-------|
| Incorporated place | Type | 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 Type<br>A/D/O<br><br>(1) | Authorization                |                                    | Date<br>Month/Day<br>Year<br><br>(4) | County/Equivalent<br>Name<br><br>(5) | Minor Civil Division<br>Name (if any)<br><br>(6) | Area<br>Acres<br>(Tenths)<br><br>(7) |
|---------------------------------|------------------------------|------------------------------------|--------------------------------------|--------------------------------------|--|--------------------------------------|
|                                 | Type<br>O/R/L/S/X<br><br>(2) | Authorization<br>Number<br><br>(3) |                                      |                                      |  |                                      |
|                                 |                              |                                    |                                      |                                      |  |                                      |
|                                 |                              |                                    |                                      |                                      |  |                                      |
|                                 |                              |                                    |                                      |                                      |  |                                      |
|                                 |                              |                                    |                                      |                                      |  |                                      |
|                                 |                              |                                    |                                      |                                      |  |                                      |
|                                 |                              |                                    |                                      |                                      |  |                                      |
|                                 |                              |                                    |                                      |                                      |  |                                      |
|                                 |                              |                                    |                                      |                                      |  |                                      |
|                                 |                              |                                    |                                      |                                      |  |                                      |
|                                 |                              |                                    |                                      |                                      |  |                                      |
|                                 |                              |                                    |                                      |                                      |  |                                      |
|                                 |                              |                                    |                                      |                                      |  |                                      |
|                                 |                              |                                    |                                      |                                      |  |                                      |
|                                 |                              |                                    |                                      |                                      |  |                                      |
|                                 |                              |                                    |                                      |                                      |  |                                      |
|                                 |                              |                                    |                                      |                                      |  |                                      |
|                                 |                              |                                    |                                      |                                      |  |                                      |
|                                 |                              |                                    |                                      |                                      |  |                                      |
|                                 |                              |                                    |                                      |                                      |  |                                      |
|                                 |                              |                                    |                                      |                                      |  |                                      |
|                                 |                              |                                    |                                      |                                      |  |                                      |

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

