FORM **BAS-2**
OMB Control No. 0607-0151
ExpirationDateXX-XX-XXXX

United States™
Census
Bureau

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

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.* |

| **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 |

Mailing Address

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

Mailing Address

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

Name		Address		
Position		City		
Department				
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 ☐	Map received ☐	Map change ☐
S/S no change ☐	Other map ☐	Map no change ☐
PLAT/ Description ☐	Map signed ☐	Letter ☐

FORM BAS-2 (11-15-2016)

GOVERNMENT NAMES AND STATUS DOCUMENTATION
COUNTIES AND EQUIVALENT AREAS

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

SPECIAL INSTRUCTIONS (If any)

NAME OF INCORPORATED PLACE OR MINOR CIVIL DIVISION (MCD)	TYPE	STATUS CHANGES — If changes in status have occurred — Please mark (X) in the appropriate column and enter the date the change was effective in (9).						EFFECTIVE DATE OF CHANGE
If the name shown has **changed** — • Draw a line through it, • Print the correct type 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).	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).	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.)	*Month, day, year*
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)

Refer to the BAS Respondent Guide for instructions on filling out this table.

FORM BAS-2 (11-15-2016)

GOVERNMENT NAMES AND STATUS DOCUMENTATION – *Continued*
COUNTIES AND EQUIVALENT AREAS

County, parish, borough or equivalent area		Type	State

BAS ID			**STATE CODE**		**COUNTY CODE**	

NAME OF INCORPORATED PLACE OR MINOR CIVIL DIVISION If the name shown has **changed** — • 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). (1)	**TYPE** 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). (2)	**STATUS CHANGES** If changes in status have occurred — Please mark (X) in the appropriate column and enter the date the change was effective in (9).						**EFFECTIVE DATE OF CHANGE** *Month, day, year*
		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.)	
		(3)	(4)	(5)	(6)	(7)	(8)	(9)

If additional space is needed, please use the BAS-2 "Government Names and Status Documentation" form found in the BAS Respondent Guide.

FORM BAS-2 (11-15-2016)

Documentation of Changes
COUNTIES AND EQUIVALENT AREAS

County, parish, borough or equivalent area		Type	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.** (**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) 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 Type A/D/O	Authorization		Date Month/Day, Year	Entity Name	County/ Equivalent Name	Minor Civil Division Name (if any)	Area Acres (tenths)
	Type O/R/L/S/X	Authorization Number					
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)

Documentation of Changes – *Continued*
COUNTIES AND EQUIVALENT AREAS

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

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

If additional space is needed, please use the BAS-2 "Documentation of Changes" form found in the BAS Respondent Guide.

FORM BAS-2 (11-8-2016)