Census

## BOUNDARY AND ANNEXATION SURVEY (BAS) MINOR CIVIL DIVISIONS (MCD)

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

Bure	au	WINOR CIVIL	. DIVISIONS (I	WICD)				
	Во	undaries as of	_					
To report changes to your entity, please complete this form.  It is important that all questions on the form are answered completely.  INSTRUCTIONS  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 divis	A. Minor civil division Type County State							
BAS ID	STATE CODE	COUNTY	MC		ANSI	FIPS		
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	IAME OR TYPE CHANGE -	- Please mark (X) t	he applicable box	es.				
Yes – Cor	and type (i.e. town, township ntinue with question 2.	, plantation, location	n, Reservation) cor	rect as sh	Type	Eff	he page? fective date of change ite (Month/Day/Year)	
Question 2 L	EGAL BOUNDARY CHAN	<b>GES –</b> Please mar	k (X) the applicab	le boxes.		<u>'</u>		
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.								
<b>2c.</b> This MCD has following	s: Mark (X) one of the	Government:			ate of change and solution Number:	(N Ordin	Month/Day/Year) ance/Resolution No.	
_	idated/merged with		nt with which minor o			Date/Nu		
(3) 🗌 dissolv	ved/disincorporated	Name of governmen	nt being dissolved/dis	incorporat	ted	Date/Nu	umber	
(4) Other	– Provide an explanation. — <b>&gt;</b>					Date/Nu	umber	
_	legal boundary changes that ase make the necessary upda				do not appear on		-	
Question 3	THER CHANGES - Please	mark (X) the appli	cable 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.								

We estimate that completing this form will take 30 minutes on average. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to geo.bas@census.gov. This collection has been approved by the Office of Management and Budget (OMB). The eight digit OMB approval number that appears at the upper left of the form confirms this approval. If this number were not displayed, we could not conduct this survey. The Census Bureau conducts this program under the legal authority of the Title 13 U.S. Code, Section 6.

Question	4 CONT	ACT INFORMATI	ON - Pleas	se fill in your co	ntact informa	ation	in the space	pro	vided bel	ow.		
Mailing Address	(The BAS	BAS Respo Respondent is the p		out this form.)			rk (X) one go		ment type County		<i>BAS Respo</i> Regional	ondent.
Name												
Position					Address							,
Department					City	<u> </u>						
Telephone	( )			Ext.	State				ZIP code			
Fax	( )				E-mail							
		X) this box if the BA same as the BAS Ma				_	Mark (X) this the same as					<b>→</b>
Question	5 CONTA	ACT INFORMATI	ON – Pleas	se fill in or corre	ect the conter	nt info	ormation be	low.				
Mailing Address	(Provide	BAS Mailing address where BAS	•	nould be sent.)	Λ	_	(X) one gover ☐ Local		nt type for County	_	<i>S mailing (</i> Regional	contact.
Name					Address							
Position					Address			_				
Department					City			_				
Telephone	( )			Ext.	State				ZIP code			
Fax	( )				E-mail							
Mailing Address		Highest Elect (for MCD		ıl				_				
Name					Address							
Position					Address							
Department					City			_				
Telephone	( )			Ext.	State				ZIP code			
Fax	( )				E-mail							
U.S. C Nation ATTN 1201	RETURN FO Census Bure onal Process I: BAS RETU East 10th S rsonville, IN	eau sing Center JRNS, BLDG 63E Street		REMINDER: Sig	gn and date				_		nap sheef	ts.
Questions	? Telephor	ne: 1-800-972-5651	E-mail: g	eo.bas@census.go	ov website	e: <u>http</u>	os://www.cens	us.go	v/program	ıs-survey:	s/bas.html	
SPECIAL IN	NSTRUCTION	IS (If any)						CE	NSUS U	SE ONL	Υ	
							Date processed			Clerk ID processed	d	
							Date verified			Clerk ID verified		
							Date form keyed			Date GPP updated		
							S/S change		Map receiv	ived	Map change	
							S/S no change		Other ma		Map no change	
						-	PLAT/ Description		Map signed		Letter	

## **Documentation of Changes**MINOR CIVIL DIVISIONS

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

SPECIAL INSTRUCTIONS (If any)

Please follow the instructions below to 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 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) Minor Civil Division (MCD) Enter the name of the minor civil division in which the change occurred.
- (6) Area Enter the estimated size (in tenths of acres) of the annexation, deannexation or other change.

<b>Change</b> Type A/D/O	Authorization		Date	Minor Civil Division	Area
	Type O/R/L/S/X	Authorization Number	Month/Day, Year	Name	Acres (tenths)
(1)	(2)	(3)	(4)	(5)	(6)

Documentation of Changes – Continued MINOR CIVIL DIVISIONS										
Minor civil division			Туре	County	State					
BAS ID		STATE CODE	COUNTY	MCD CODES ANSI	FIPS					
SPECIAL INS	TRUCTIONS (If	any)								
		uthorization	Date	Minor Civil Div	vision Area					
Type A/D/O	Type O/R/L/S/X	Authorization Number	Month/Day, Year	Name	Acres (tenths)					
(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.