

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

GENERAL INSTRUCTIONS →	<p>To sign up for the Consolidated BAS (CBAS) program, please complete this form.</p> <p>1.) Reach out to the BAS Contacts for the entities in your county's jurisdiction. Email <geo.bas@census.gov> to request BAS Contact information.</p> <p>2.) Complete the Participation Roster 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 <geo.bas@census.gov></p>
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Name of county, parish, borough or equivalent area	State
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BAS ID	STATE CODE	COUNTY CODE	
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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:			
Department:		City:	
Telephone:	() – Ext:	State:	ZIP code
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

