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

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BOUNDARY AND ANNEXATION SURVEY (BAS) COUNTIES AND EQUIVALENT AREAS

Boundaries as of — To report changes for your county, parish, borough or equivalent area, please complete this form. Answer all questions on the form completely. **GENERAL** If there are no boundary changes to report, please email <geo.bas@census.gov>, call 1-800-972-5651, or respond electronically at http://www.census.gov/geo/partnerships/bas/bas_ar_form.html. **INSTRUCTIONS** • Please do not return all of the maps. Return only the maps with changes. • Return the completed form(s) and updated map(s) using the provided envelope and return label. Type State County, parish, borough or equivalent area STATE CODE COUNTY CODE **BAS ID** 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? \perp Yes – Please update the map(s) with the RED PENCIL. 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 Continue with question 1d. made to the county or equivalent area's boundary. 1d. Is your county a consolidated BAS respondent? If you are unfamiliar with this approach, please consult your BAS Respondent Guide. ☐ 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. 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 Continue with question 2d. were made to MCDs and incorporated places. 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.

We estimate that participating in the Boundary and Annexation Survey will take 7.5 hours on average. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, using Paperwork Reduction Project 0607-0151 as the subject, 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 right of the form confirms this approval. If this number were not displayed, we could not conduct this survey. The Census Bureau conducts this survey under the legal authority of the Title 13 United States Code, Section 6.

Question	3	CONTACT INFORMATION	- Pleas	se fill in your c	ontact informati	ion in t	he space pro	ovide	d below.			
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Question	4	CONTACT INFORMATION	– Pleas	se fill in or corr	ect the contact	inform	nation below.					
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							PLAT/ Description		Map signed		Letter	

GOVERNMENT NAMES AND STATUS DOCUMENTATION COUNTIES AND EQUIVALENT AREAS

County, parish, borough or equivalent area				Туре						State
BAS ID				COUNTY COD				CODE		
SPECIAL INSTRUCTIONS (If any)										
NAME OF INCORPORATED PLACE OR MINOR CIVIL DIVISION (MCD) If the name shown has changed —	If t	TYPE he type shown is orrect —	occu the ente	STA1 chan urred - e appr er the ef	ges in Ple opriat date t	e () in nd was	EFFECTIVE DATE OF CHANGE			
 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). 		Draw a line through it, Print the correct type above it, and Enter the date the cha was effective in column	nge n (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)	\perp	(2)		(3)	(4)	(5)	(6)	(7)	(8)	(9)
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GOVERNMENT NAMES AND STATUS DOCUMENTATION - Continued COUNTIES AND EQUIVALENT AREAS

County, parish, borough or equivalent area							S	State		
STATE CODE			COUNTY COD							
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).			If changes in status hav				e () in	in d as EFFECTIVE DATE OF CHANGE		
			New incorporated place or organized MCD	Disincorporated place or disorganized MCD		Active entity became inactive		Other (merger, consolidation, etc.)	Month, day, year	
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Documentation of Changes COUNTIES AND EQUIVALENT AREAS

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

Documentation of Changes – Continued COUNTIES AND EQUIVALENT AREAS

County, paris	sh, borough o	r equivalent area	Туре		State		
В	AS ID			STATE CODE		COUNTY CODE	
Change Type A/D/O	Type O/R/L/S/X	Authorization Authorization Number	Date Month/Day, Year	Entity Name	County/ Equivalent Name	Minor Civil Divisi Name (if any)	Area Acres (tenths)
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)