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	_ United S	tates™							EPARTMENT OF C cs and Statistics Ac U.S. CENSU	dministration
	Cens		NDAR	Y AND AI	NNEX/	ATION S	URVEY (BA	AS)		
				INCORF	PORATE	D PLACES				
			Во	undaries as	of —					
		To report bo	undary ch	anges for you	ur incorpo	prated place,	please complet	te this for	m.	
IN:	GENERAL STRUCTION	<ul> <li>If there are n respond elect</li> <li>Please do no</li> </ul>	o boundary c tronically at < t return all of	http://www.censu the maps. Retur	, please ema us.gov/geo/p n <u>only</u> the m	partnerships/bas	ensus.gov>, call 1–80 /bas_ar_form.html>. es. envelope and return l		, or	
Α.	Incorporated p	blace			Ту	ре			State	
	equivalent are	arish(es), borough(s), o a(s) (code)		cany		Minor civil divisio				
	BAS ID		STATE CODE		PLACE CODES	ANSI	FIPS	3		
Q	uestion 1	NAME, TYPE, CO	UNTY, OF	R MINOR CIVI	L DIVISIO	N CHANGE -	Please mark (X) th	ne appropria	ate boxes.	
1a	Are the nar the top of t	me and descriptor (i.e	., city, town,	village, borougl	h) of this ind	corporated plac	e correct as shown	in box A, at		
			[	Name:			Tupor		Effective date of Date: (Month/Date)	0
		Continue with question Inter correction here. –	1b. →	Name.			Type:		Jale. (Montin Da	iy/rear)
	correct as	of the county(ies) or each shown in boxes B and SKIP to question 2. Inter correction(s) in que correct information AN ditional correction info	d C, at the to restion 1c.	op of the page?	change.	n(s) within whicl	h this incorporated	place is loca	ated	
	Anach aut			•					Effective date	of change
	<b>D</b> – Delete	Name of county	y or equivalen	i area		Minor	civil division		Month Day	
1.										
2.										<u> </u>
3.										
4.										
We	e estimate that her aspect of th	participating in the Bour	ndary and Ann on, including s	nexation Survey wisuggestions for rec	ill take 7.5 ho ducing this b	ours on average. urden, using Pape	Send comments regar	ding this burd ect 0607-015	len estimate or 1 as the subject	any t, to

Solution aspect of this collection or 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	Question 2         CONTACT INFORMATION – Please fill in your contact information in the space provided below.											
Mailing Address			<b>BAS Respondent</b> (The BAS Respondent is the person filling out this form.)						<i>nt type for</i> County		Responde egional	ent.
Name					Address							
Position												
Department				<u> </u>	City					1		
Telephone	(	)		Ext.	State				ZIP code			
Fax	(	)			E-mail							
		Mark (X) this box if the BAS Respo same as the BAS Mailing Contact.				3	Mark (X) this b same as the H	lighes	the BAS Re t Elected C	esponden Official.	t is the	
Question	3	CONTACT INFORMATION	– Pleas	e fill in or correc	ct the contact	inform	ation below.					
Mailing Address		BAS Mailing Col (Provide address where BAS mate		ould be sent.)	M		) one governr ] Local		type for the County	_	a <i>iling Cont</i> egional	act.
Name					Address							
Position					Address							
Department					City							
Telephone	(	)		Ext.	State				ZIP code			
Fax	(	)			E-mail							
Mailing Address		Highest Elected ( (for incorporated place)										
Name					Address							
Position					Address							
Department					City							
Telephone	(	)		Ext.	State				ZIP code			
Fax	(	)			E-mail							
RETURN FORMS TO:       Thank you for your participation and timely response         U.S. Census Bureau       Ouestions?         National Processing Center       Telephone: 1-800-972-5651         ATTN: BAS RETURNS, BLDG 63E       Email: <geo.bas@census.gov>         Jeffersonville, IN 47132       Website: &lt;<u>https://www.census.gov/programs-surveys/bas.html</u>&gt;</geo.bas@census.gov>							e.					
	10	TRUCTIONS (If any)				_		C	ENSUS			
	0						Date		ENSUS	Clerk ID		
							processed			processe	b	
							Date verified			Clerk ID verified		
							Date form keyed			Date GPI updated		
							S/S change		Map receiv	ved 🗌	Map change	
							S/S no change		Other ma	р 🗌	Map no change	
							PLAT/ Description		Map signed		Letter	

<b>IMPORTANT</b> – ANNOTATE EACH ACCORDING TO THE INSTRUCT Please update the map(s) USING THE	IONS PROVIDED IN T	HE BAS RESPONDENT GUIDE.	DOCUMENTATION						
Question 4 LEGAL BOUNDARY CHANG	<b>ES –</b> Please mark (X) th	e applicable box(es).							
Time period:									
<ul> <li>4a. Have there been any legal boundary changes</li> <li>Yes – Please record all legal changes (ann-section of this form and update the module of the form and update the module of the section of the section of the section 4b.</li> </ul>	exations, deannexations, a	6	on of Changes						
4b. Are there any legal boundary changes that oc	ccurred before the period	shown above that do not appear or	the enclosed map(s)?						
<ul> <li>Yes – Please record all legal changes (ann section of this form and update the m</li> <li>No – Continue with question 4c.</li> </ul>	exations, deannexations, a hap(s) USING THE ENCLC	and other actions) in the <u>Documentation</u> DSED RED PENCIL. <i>Continue with qu</i>	<u>in of Changes</u> iestion 4c.						
<b>4c.</b> Has your incorporated place had any other ty dissolved/disincorporated, etc.) that have affered and the second seco	pes of changes (i.e. cons cted its boundaries or go	vernmental status during the time p	been eriod shown above?						
<b>4d.</b> This place has: <i>Mark (X) one of the following</i>	Government		(Month/Day/Year) Ordinance/Resolution No.						
	Name of government with	which place consolidated/merged	Date						
(1) Consolidated/merged with			Number						
	Name of government ann	exing this incorporated place	Date						
(2)  been annexed by			Number						
	Name of government beir	Date							
(3) dissolved/disincorporated			Number						
			Date						
(4) $\Box$ Other – Provide an explanation. $\longrightarrow$			Number						
			!						
Question 5 OTHER CHANGES – Mark (X)	) applicable box(es).								
5a. Besides legal changes, are there any bounda	ry corrections that need	to be made to your boundary on the	map(s)?						
☐ Yes – Please correct the map(s) USING T	HE ENCLOSED RED PEN	ICIL and the letters "BC" to indicate a	boundary correction.						
Enter the total number of boundary correct	tions that you made to the	maps> Continue	with question 5b.						
$\square$ No – Continue with question 5b.	,		·····						
	<b>5b.</b> Did you add, delete, or make any changes to the features (other than boundaries) shown on the map(s)?								
<ul> <li>Yes – Correct the map(s) USING THE ENCLOSED PURPLE PENCIL. Continue with question 5c.</li> <li>No – Continue with question 5c.</li> </ul>									
5c. Did you make any changes to the addresses	shown on the map(s)?								
<ul> <li>Yes – Correct the map(s) USING THE ENCLOSED PURPLE PENCIL.</li> <li>No</li> </ul>									

## **Documentation of Changes** INCORPORATED PLACES

			INCORPOR	ATED P	LACES		
Incorporated	place			Туре		S	State
BAS II	2	STATE CODE		PLACE CODES	ANSI	FIPS	
SPECIAL I	NSTRUCTIO	NS (If any)					
For new le	egal changes	ctions below and review the , use the provided spaces to ing the previous year(s).	preprinted entries print the informati	for correctn ion requeste	ess and completene d for all annexations	ess and make changes as I , deannexations, and other	necessary. r changes
Instruct	tions for Er	ntering Data in Column	S				
.,		or annexations, <b>D</b> for deanne		-		•	
. ,		er the authorization <b>type</b> . (O				State-level action, and $\mathbf{X}$ =	Other)
. ,		er the authorization <b>number</b>	•••	•	ng.		
		ective date of the change. (N					
. , .		Enter the name of the co			•		
. ,		– Enter the name of the m			•		
(7) Area -	- Enter the es	timated size (in tenths of	acres) of the anne	xation, dean	nexation or other ch	ange.	
		Authorization					
<b>Change</b> Type A/D/O	Type O/R/L/S/X	Authorization Number	- <b>Date</b> Month/Day, Year	Count	t <b>y/Equivalent</b> Name	Minor Civil Division Name (if any)	on Area Acres (Tenths)
(1)	(2)	(3)	(4)		(5)	(6)	(7)

FORM <b>BAS-1</b> (05-2021)
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## **Documentation of Changes –** Continued INCORPORATED PLACES

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

Incorporated	l place				Туре	Type     State				
BAS II	D		STATE CODE		PLACE CODES	ANSI	FIPS			
SPECIAL I	NSTRUCTIC	DNS (If any)								
Change	Authorization		Date	Co	unty/Equivalent	Minor Civil Div	vision	Area		
Type A/D/O	Type O/R/L/S/X	Authorizat	ion Number	Month/Day, Year		Name	Name (if any		Acres (Tenths)	
(1)			(4)		(5)	(6)		(7)		