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

Census

Bureau

BOUNDARY AND ANNEXATION SURVEY (BAS)

	Burea	COU	NTIES AND E	QUIVALEN	IT AREAS					
		Bound	daries as of —	-						
		To report changes for you	ur county, paris	sh, borough o	or equivaler	nt area, please c	omplet	e this form.		
	GENERAL STRUCTIONS	 Answer all questions on the fo If there are no boundary chan respond electronically at http Please do not return all of the Return the completed form(s) 	ges to report, pleas ://www.census.gov maps. Return <u>only</u>	the maps with o	hanges.		651, or			
Соι	unty, parish, borou	ugh or equivalent area			Туре		5	State		
	BAS ID		STATE CODE			COUNTY CODE				
		ANNOTATE EACH CHANGE ON NS PROVIDED IN THE BAS RES								
Qu	estion 1 LI	EGAL COUNTY BOUNDARY	CHANGES DUR	ING THIS PE	RIOD	•				
Plea	ase mark (X) the	appropriate boxes.								
	Yes – Plea secti	n any legal boundary changes to the se record all legal changes (annexe on of this form and update the mapulate with question 1b.	ations, deannexation (s) USING THE EN	ns, and other ac ICLOSED RED	tions) in the <u>Derical Conti</u>	ocumentation of Chainue with question 1b	nges).			
1 b.	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 – Conti	inue with question 1d.								
1 d.	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.									
Qu	estion 2 0	THER CHANGES - Mark (X) ap	oplicable box(es).							
2a.	parish, borough	en any legal boundary changes to the or equivalent area during the time ase update the map(s) with the REI inue with question 2b.	period shown for q	uestion 1, above	e?	ny) within this county	' ,			
2b.	time period sho	egal boundary changes to the mino own for question 1, but do not appea ase update the map(s) with the REI inue with question 2c.	ar on the enclosed	maps?		occurred prior to the	•			
2c.	incorporated pla	ase update the map(s) with the RED	PENCIL and the le				s) or			
	were made	otal number of boundary correctior e to MCDs and incorporated place: inue with question 2d.	s. that	Co	ontinue with qu	estion 2d.				
2d.		report any additions, deletions or o	· ·	•		es) shown on the ma	,	stion 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.			
Mailing Address (T		BAS Respond (The BAS respondent is the person		t this form.)		Mark (X) one government type for the BAS Responden ☐ Local ☐ County/equivalent ☐ Regional						
Name					A delice 20							
Position					Address							
Department					City							
Telephone	()		Ext.	State				ZIP code			
Fax	()			E-mail							
		Mark (X) this box if the BAS Resp is the same as the BAS Mailing C		\longrightarrow			Mark (X) this be the same as th					- 🗌
Question	4	CONTACT INFORMATION	– Pleas	se fill in or corr	ect the contact	inform	nation below.					
Mailing Address	(BAS Mailing Co Provide address where BAS mater		ould be sent.)	Λ		() one governr DLocal	_	type for the inty/equiva		ailing Cont	
Name					Address							
Position					Address							
Department					City							
Telephone	()		Ext.	State				ZIP code			
Fax	()			E-mail							
Mailing Address	_	Highest Elected (for county, parish, borough or										
Name					A ddro oo							
Position					Address							
Department					City							
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				stions? Tel	for your p lephone: 1-800-97 nail: <geo.bas@ce ebsite: <<u>https://ww</u></geo.bas@ce 	72-565 [.] ensus.ç	1 gov>			-	spons	e.
ODECIAL IN	TOL	FDLICTIONIC /If one/							ENSUS	HEE O	шУ	
SPECIAL III	101	FRUCTIONS (If any)					Date			Clerk ID		
							processed			processed	d	
							Date verified			Clerk ID verified		
							Date form keyed			Date GPF updated)	
							S/S change		Map receiv	/ed 🗌	Map change	
							S/S no change		Other map	o 🗆	Map no change	
							PLAT/ Description		Map signed		Letter	

GOVERNMENT NAMES AND STATUS DOCUMENTATION COUNTIES AND EQUIVALENT AREAS

County, parish, borough or equivalent area							(State			
BAS ID					COUNTY CO						
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 chang was effective in column (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)	
										1	

GOVERNMENT NAMES AND STATUS DOCUMENTATION - Continued COUNTIES AND EQUIVALENT AREAS

County, parish, borough or equivalent area				Type					5	State	
BAS ID		STATE CODE			COUNTY COD						
NAME OF INCORPORATED PLACE O MINOR CIVIL DIVISION If the name shown has changed —	lf ti	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).			STATUS CHANGES If changes in status have occurred — Please mark (X) the appropriate column and enter the date the change was effective in (9).					EFFECTIVE DATE OF CHANGE	
 Draw a line through it, Print the correct name above it, and Enter the date the change was effective in column of the name shown is misspelled — Correct the spelling only Do not enter a date in column (9). 	mn (9).				Disincorporated place or disorganized MCD		Active entity became inactive		Other (merger, consolidation, etc.)	Month, day, year	
(1)		(2)		(3)	(4)	(5)	(6)	(7)	(8)	(9)	

Documentation of Changes COUNTIES AND EQUIVALENT AREAS

County, parish, b	orough or equivalent area	Туре	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		Authorization	Date		County/	Minor Civil Division	Area	
Type A/D/O	Type Authorization Number O/R/L/S/X		Month/Day, Year	Entity Name	County/ Equivalent Name	Name (if any)	Acres (tenths)	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	
ODM DAO 0 (05								

Documentation of Changes – Continued **COUNTIES AND EQUIVALENT AREAS**

County, parish, borough or equivalent area Type 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)			