United States Census Bureau

BOUNDARY AND ANNEXATION SURVEY (BAS)

CONSOLIDATED BAS (CBAS) AGREEMENT FORM

OMB Control No.: 0607-0151
Expiration Date: 11/30/2027
FORM **BAS-6**
(7-2026)

GENERAL INSTRUCTIONS

To register your county for a CBAS agreement, complete Section 1, then:

1.) Reach out to the BAS contacts for the governments in your county's jurisdiction. Email <geo.bas@census.gov> to request the BAS contact information.
2.) Complete Section 2, the Participation Roster, noting that communication could be with the BAS contacts or other contacts in the government.
3.) Return the completed form by email to <geo.bas@census.gov>. Please include "CBAS" in the subject line of the email.

Name of county, parish, borough, or equivalent area	State

GOVID		STATE CODE		COUNTY CODE	

Section 1 — ***CBAS CONTACT MAILING ADDRESS (Please enter the CBAS contact's information and mailing address where CBAS materials should be sent.)***

Name:		Address:			
Position:					
Department:		City:			
Telephone:	Ext:	State:		ZIP Code	
Fax:		Email:			

Instructions for completing Section 2:

1.) Enter the **GOVID** and **Government Name,** including the type of government, i.e., "city", "town", or "township" for the government's in your jurisdiction.
2.) Enter a **Y** (Yes) or **N** (No) in the **Agreed?** column to note each contact's response to participating in CBAS.
3.) Enter the **Contact Name**, **Position**, and **Phone Number** from each government contacted. Please provide this for all governments in your jurisdiction.
4.) Enter the date of contact in the **Date of Contact** column.

Section 2 — **PARTICIPATION ROSTER**

GOVID	Government Name	Agreed? Y/N	Contact Name	Position	Phone Number	Date of Contact

Section 2	PARTICIPATION ROSTER – Continued					
GOVID	Government Name	Agreed? Y/N	Contact Name	Position	Phone Number	Date of Contact

Section 2	PARTICIPATION ROSTER – Continued					
GOVID	Government Name	Agreed? Y/N	Contact Name	Position	Phone Number	Date of Contact