



BOUNDARY AND ANNEXATION SURVEY (BAS) INCORPORATED PLACES

Boundaries as of —

GENERAL INSTRUCTIONS

To report boundary changes for your incorporated place, please complete this form.

- It is important that all questions on the form are answered completely.
- If there are no boundary changes to report, please review the form and return only the "NO CHANGE" postcard provided with your materials or respond electronically at <http://www.census.gov/geo/www/bas/bashome.html>.
- Please do not return all of the maps. Sign and return only the maps with changes.
- Return the completed form(s) and updated map(s) using the preaddressed envelope or return label.
- For further instructions on filling out this form, please refer to the BAS Respondent Guide.

<p>A. Incorporated place</p>	<p>Type</p>	<p>State</p>
<p>B. County(ies), parish(es), borough(s), or other statistically equivalent area(s) (code)</p>	<p>C. Minor civil divisions (code)</p>	

BAS ID		STATE CODE		PLACE CODES	Former FIPS
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Question 1 **NAME, TYPE, COUNTY, OR MINOR CIVIL DIVISION CHANGE** – Please mark (X) the appropriate boxes.

1a. Are the name and type (i.e., city, town, village, borough) of this incorporated place correct as shown in box A, at the top of the page?

Effective date of change

<input type="checkbox"/> Yes – Continue with question 1b. <input type="checkbox"/> No – Enter correction here. →	Name:	Type:	Date: (Month/Day/Year)
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1b. Is the list of the county(ies) or equivalent area(s) and minor civil division(s) within which this incorporated place is located correct as shown in boxes B and C, at the top of the page?

Yes – SKIP to question 2.
 No – Enter correction(s) in question 1c.

1c. Enter the correct information AND the effective date of the change.
Attach additional correction information on a separate sheet.

A – Add D – Delete	Name of county or equivalent area	Minor civil division	Effective date of change		
			Month	Day	Year
1.					
2.					
3.					
4.					

Question 2 CONTACT INFORMATION – Please fill in your contact information in the space provided below.

BAS Respondent		Mark (X) one government type for the BAS Respondent.			
Mailing Address <i>(The BAS Respondent is the person filling out this form.)</i>		<input type="checkbox"/> Local <input type="checkbox"/> County <input type="checkbox"/> Regional			
Name			Address		
Position					
Department			City		
Telephone	()	Ext.	State	ZIP code	
Fax	()		E-mail		
Mark (X) this box if the BAS Respondent is the same as the BAS Mailing Contact. → <input type="checkbox"/>			Mark (X) this box if the BAS Respondent is the same as the Highest Elected Official. → <input type="checkbox"/>		

Question 3 CONTACT INFORMATION – Please fill in or correct the contact information below.

BAS Mailing Contact		Mark (X) one government type for the BAS Mailing Contact.			
Mailing Address <i>(Provide address where BAS materials should be sent.)</i>		<input type="checkbox"/> Local <input type="checkbox"/> County <input type="checkbox"/> Regional			
Name			Address		
Position					
Department			City		
Telephone	()	Ext.	State	ZIP code	
Fax	()		E-mail		

Highest Elected Official		<i>(for incorporated place only)</i>			
Name			Address		
Position					
Department			City		
Telephone	()	Ext.	State	ZIP code	
Fax	()		E-mail		

RETURN FORMS TO:

**U.S. Census Bureau
National Processing Center
ATTN: BAS RETURNS, BLDG 63A
1201 East 10th Street
Jeffersonville, IN 47132**

REMINDER: Sign and date the signature box on all updated map sheets.

Thank you for your participation and timely response.

Questions? Telephone: 1-800-972-5651 E-mail: geo.bas@census.gov Website: <http://www.census.gov/geo/www/bas/bashome.html>

SPECIAL INSTRUCTIONS (If any)

CENSUS USE ONLY					
Date processed		Clerk ID processed			
Date verified		Clerk ID verified			
Date form keyed		Date GPP updated			
S/S change	<input type="checkbox"/>	S map	<input type="checkbox"/>	Map change	<input type="checkbox"/>
S/S no change	<input type="checkbox"/>	O map	<input type="checkbox"/>	Map no change	<input type="checkbox"/>
PLAT/Description	<input type="checkbox"/>	Map signed	<input type="checkbox"/>	Letter	<input type="checkbox"/>

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 4 **LEGAL BOUNDARY CHANGES** – Please mark (X) the applicable box(es).

Time period

4a. Have there been any legal boundary changes to this incorporated place 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 4b.*
- No – *Continue with question 4b.*

4b. Are there any legal boundary changes that occurred before the period shown above that do not appear on the enclosed map(s)?

- 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 4c.*
- No – *Continue with question 4c.*

4c. Has your incorporated place had any other types of changes (i.e. consolidations/mergers, been annexed, been dissolved/disincorporated, etc.) that have affected its boundaries or governmental status during the time period shown above?

- Yes – *Complete question 4d.*
- No – *SKIP to question 5.*

4d. This place has: Mark (X) one of the following

	Government	(Month/Day/Year) Ordinance/Resolution No.
(1) <input type="checkbox"/> consolidated/merged with	Name of government with which place consolidated/merged	Date Number
(2) <input type="checkbox"/> been annexed by	Name of government annexing this incorporated place	Date Number
(3) <input type="checkbox"/> dissolved/disincorporated	Name of government being dissolved/disincorporated	Date Number
(4) <input type="checkbox"/> Other – <i>Provide an explanation.</i> →		Date Number

Question 5 **OTHER CHANGES** – Mark (X) applicable box(es).

5a. Besides legal changes, are there any boundary corrections that need to be made to your boundary on the map(s)?

- Yes – Please correct the map(s) USING THE ENCLOSED RED PENCIL and the initials BC to indicate a boundary correction.
Enter the total number of boundary corrections that you made to the maps. → *Continue with question 5b.*
- No – *Continue with question 5b.*

5b. Did you add, delete, or make any changes to the features (other than boundaries) shown on the map(s)?

- Yes – Correct the map(s) USING THE ENCLOSED PURPLE PENCIL. *Continue with question 5c.*
- No – *Continue with question 5c.*

5c. Did you make any changes to the addresses shown on the map(s)?

- Yes – Correct the map(s) USING THE ENCLOSED PURPLE PENCIL.
- No

REMINDER: Sign and date the signature box on all updated map sheets.

