



BOUNDARY AND ANNEXATION SURVEY (BAS) MINOR CIVIL DIVISIONS (MCD)

Boundaries as of —

GENERAL INSTRUCTIONS

- To report changes to your entity, 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 email geo.bas@census.gov, call 1-800-972-5651, or respond electronically at <https://www.census.gov/programs-surveys/bas.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 return label.
 - For further instructions on filling out this form, please refer to the BAS Respondent Guide.

A. Minor civil division	Type	County	State
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BAS ID	STATE CODE	COUNTY CODE	MCD CODES	ANSI	FIPS
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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 NAME OR TYPE CHANGE – Please mark (X) the applicable boxes.

1a. Are the name and type (i.e. town, township, plantation, location, Reservation) correct as shown in Box A at the top of the page?

Yes – Continue with question 2. Effective date of change

No – Enter correction here. Date (Month/Day/Year)

Name	Type	
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Question 2 LEGAL BOUNDARY CHANGES – Please mark (X) the applicable boxes.

Time period:

- 2a.** Have there been any legal boundary changes to this minor civil division during the time period shown above?
- Yes – Please record all legal change actions (annexations, deannexations and other actions) in the Documentation of Changes section of the form and update the map(s) USING THE ENCLOSED RED PENCIL. *Continue with question 2b.*
- No – Continue with question 2b.
- 2b.** Has your minor civil division 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 2c. No – SKIP to question 2d.

<p>2c. This MCD has: Mark (X) one of the following</p> <p>(1) <input type="checkbox"/> consolidated/merged with</p> <p>(2) <input type="checkbox"/> been annexed by</p> <p>(3) <input type="checkbox"/> dissolved/disincorporated</p> <p>(4) <input type="checkbox"/> Other – Provide an explanation. →</p>	Government:	Enter the effective date of change and the Ordinance or Resolution Number:	(Month/Day/Year) Ordinance/Resolution No.
	Name of government with which minor civil division consolidated/merged	Date/Number	
	Name of government annexing this minor civil division	Date/Number	
	Name of government being dissolved/disincorporated	Date/Number	
		Date/Number	

- 2d.** Are there any legal boundary changes that occurred before the period shown above that do not appear on the enclosed map(s)?
- Yes – Please make the necessary updates to the map(s). *Continue with question 3.* No – Continue with question 3.

Question 3 OTHER CHANGES – Please mark (X) the applicable boxes.

- 3a.** 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 4.*
- No – Continue with question 4.

Question 4 CONTACT INFORMATION – Please fill in your contact information in the space provided below.

BAS Respondent		<i>Mark (X) one government type for the BAS Respondent.</i>	
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	
<i>Mark (X) this box if the BAS Respondent is the same as the BAS Mailing Contact.</i> → <input type="checkbox"/>		<i>Mark (X) this box if the BAS Respondent is the same as the Highest Elected Official.</i> → <input type="checkbox"/>	

Question 5 CONTACT INFORMATION – Please fill in or correct the content information below.

BAS Mailing Contact		<i>Mark (X) one government type for the BAS mailing contact.</i>	
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 MCD only)</i>	
Mailing Address			
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 63E
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: <https://www.census.gov/programs-surveys/bas.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"/>	Map received	<input type="checkbox"/>
S/S no change	<input type="checkbox"/>	Other map	<input type="checkbox"/>
PLAT/Description	<input type="checkbox"/>	Map signed	<input type="checkbox"/>
		Map change	<input type="checkbox"/>
		Map no change	<input type="checkbox"/>
		Letter	<input type="checkbox"/>

