U.S. DEPARTMENT OF COMMERCE FORM BAS-3 **Economics and Statistics Administration** U.S. CENSUS BUREAU **BOUNDARY AND ANNEXATION SURVEY (BAS) MINOR CIVIL DIVISIONS (MCD)** Boundaries as of — 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 review the form and return only the "NO CHANGE" postcard **GENERAL** provided with your materials or respond electronically at http://www.census.gov/geo/www/bas/bashome.html. **INSTRUCTIONS** • 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. A. Minor civil division Type County State **STATE** MCD COUNTY **BAS ID** Former FIPS CODE CODE CODES 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? Effective date of change Yes - Continue with question 2. Date (Month/Day/Year) Name Type No – Enter correction here. – **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? No - SKIP to question 2d. Yes - Complete question 2c. 2c. This MCD has: Mark (X) one of the Enter the effective date of change and (Month/Day/Year) Government: Ordinance/Resolution No. the Ordinance or Resolution Number: following Date/Number Name of government with which minor civil division consolidated/merged (1) consolidated/merged with . . . . Name of government annexing this minor civil division Date/Number (2) been annexed by ...... Name of government being dissolved/disincorporated Date/Number (3) dissolved/disincorporated . . . . Date/Number (4)  $\square$  Other – Provide an explanation.  $\longrightarrow$ 2d. Are there any legal boundary changes that occurred before the period shown above that do not appear on the enclosed map(s)? No - Continue with question 3. Yes - Please make the necessary updates to the map(s). 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	e fill in your co	ntact informa	ation in the space	e pro	vided be	low.		
Mailing Address		BAS Responde (The BAS Respondent is the person		out this form.)		Mark (X) one go ☐ Local		ment type County		<i>BAS Respo</i> Regional	ondent.
Name					Address						
Position					Address						
Department					City						
Telephone	(	)		Ext.	State			ZIP code			
Fax	(	)			E-mail						
		Mark (X) this box if the BAS Re is the same as the BAS Mailing	sponden Contact.	$t \rightarrow \square$		Mark (X) the the same as	is box s the F	if the BAS lighest Ele	S Respond ected Offic	dent is cial.	<b></b>
Question	5	CONTACT INFORMATION	– Please	e fill in or corre	ect the conter	nt information be	low.				
Mailing Address		BAS Mailing Co (Provide address where BAS mate		ould be sent.)	Λ	Mark (X) one gove		nt type fo County		S mailing on Regional	contact
Name					Address						
Position					Addiess						
Department					City						
Telephone	(	)		Ext.	State			ZIP code			
Fax	(	)			E-mail						
Mailing Address		Highest Elected ( (for MCD only									
Name					Adduses						
Position			Address								
Department					City						
Telephone	(	) Ext.			State			ZIP code			
Fax	(	)			E-mail						
U.S. ( Natio ATTN 1201	Cen nal : B	IURN FORMS TO:  Isus Bureau Processing Center AS RETURNS, BLDG 63A st 10th Street nville, IN 47132	RI			the signature l				ap sheet	ts.
Questions	?	Telephone: 1-800-972-5651 E-	-mail: ge	o.bas@census.g	ov Website	e: <u>http://www.cens</u>					
SPECIAL IN	IST	RUCTIONS (If any)					CE	INSUS L	JSE ONL	.Y	
						Date processed			Clerk ID processed	d	
						Date verified			Clerk ID verified		
						Date form keyed			Date GPP updated		
						S/S change		S map		Map change	
						S/S no change		O map		Map no change	
						PLAT/ Description		Map signed		Letter	

## **Documentation of Changes**MINOR CIVIL DIVISIONS

Minor civil division				Type			County		State
BAS ID		STATE CODE		COUNTY CODE		MCD CODES	Forme	er FIPS	

SPECIAL INSTRUCTIONS (If any)

Please follow the instructions below and review the preprinted entries for correctness and completeness. Print in the spaces provided the information requested for all annexations, deannexations and other changes that have occurred during the previous year.

## **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. (0=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) Minor Civil Division (MCD) Enter the name of the minor civil division in which the change occurred.
- (6) Area Enter the estimated size (in tenths of acres) of the annexation, deannexation or other change.

Change		Authorization	Date	Minor Civil Division	Area
<b>Change</b> Type A/D/B/O	Type Authorization O/R/L/S/X Number		Month/Day, Year	Name	Acres (tenths)
(1)	(2)	(3)	(4)	(5)	(6)
FORM BAC 2 /4 0 2000)					

Documentation of Changes – Continued  MINOR CIVIL DIVISIONS									
Minor civil division Type					C		County		State
BAS ID			STATE CODE		COUNTY	N CO	CD DES	Former FIF	PS
SPECIAL I	NSTRUCTIONS	S (If any)							
<b>Change</b> Type	Type Au		Authorization		<b>Date</b> Month/Day,		Minor	Area Acres	
Type A/D/B/C (1)	O/R/L/S/X (2)	.   '	Number (3)		Year (4)			Name (5)	(tenths)
(1)	(2)		(3)		(4)			(3)	(0)
		+							
	If addition	onal space	ce is nee	ded, ple	ase use the B the BAS Res	BAS-3 "Docu spondent Gu	mentation (	of Changes" form fo	und