

**IMPORTANT LEGAL DOCUMENT  
ANNUAL STREET LISTING**

**IMPORTANT:** General Laws of Massachusetts mandate an annual street listing of residents as of January 1 each year. Update the information provided by adding, deleting, or making changes below the printed information. Please sign and respond within ten (10) days, even if no changes are necessary. For assistance, call **Registrar's Office at 397-7112**

**Resident Address:**

← If this address is incorrect, make corrections below

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**WARNING:** Failure to respond to this mailing shall result in removal from the active voting list and may result in removal from the voter registration rolls.

**PLEASE PRINT**

Voter	NAME			Mail To	Sex M/F	Date of Birth mm/dd/yyyy	Occupation	Moved/Deceased	Nationality (If not U.S. citizen)	Veteran	Previous Address if at current address for less than one year
	Last	First	Middle								

ENTER NUMBER OF DOGS

\_\_\_\_\_  
**Signature of Respondent** **Date**  
 Signed under the Penalties of Perjury as Prescribed by M.G.L. 56, §4.  
**Telephone Number** \_\_\_\_\_  Unlisted

**SPECIAL INSTRUCTIONS:** Return IMMEDIATELY.

COMPLIANCE with this State requirement provides proof of residence to protect voting rights, veteran's bonus, housing for the elderly and related benefits as well as providing information for selection of jurors. This form DOES NOT register you as a voter.

**GENERAL INSTRUCTIONS: Please Print**

1. Verify and/or complete all information listed on the form.
2. List ALL family or household members whose legal address is the same. Include any member of the family in Military Service, away at school or confined to a rest home whose legal residence is the same.
3. Make all changes on the SHADED LINE below the printed line.
4. If a NEW MEMBER has been added to the family or household, enter the name and information on the blank line at the end of this form.
5. Put a line through the name of any resident no longer residing at this address and list his/her new address.
6. MOVED/DECEASED - Enter "M" or "D" if appropriate.
7. MAIL TO - Designates the person in your household to whom mail should be addressed. If you wish to change enter an "X" next to that individuals name.
8. OCCUPATION: Enter occupation not place of employment.
9. NATIONALITY - Enter only if not U.S. citizen.
10. VETERAN : Check if you are a U.S. Veteran.
11. To return this form, tri-fold form and insert into return envelope provided and mail.

Thank you for your cooperation.