

# IMPORTANT LEGAL DOCUMENT

## ANNUAL STREET LISTING

**IMPORTANT:** State law requires that you be sent an annual street listing. Please update the information below. Please sign and respond within ten (10) days, even if no changes are necessary.

**For Assistance, call Town Clerk Robin Phelan at 978-887-0710**

← If this address is incorrect, make corrections below

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✓ If there is no party information next to your name, you are not registered to vote. If you wish to register to vote, you may register to vote in-person or by mail.

**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.

**INSTRUCTIONS:** Please print. Update the information by adding, deleting, or making changes below to the printed information. Designate the head of your household by marking an "\*" in the second column next to the name. The eighth column labelled Moved/Deceased asks if the person(s) listed have moved or are deceased. Enter an "M" or a "D" if appropriate. **The following fields are optional and denoted as such by an asterisk: mail to, party, number of cats, and telephone number.**

### THIS FORM DOES NOT REGISTER YOU TO VOTE

NAME			Mail To*	Previous Address If at above address less for than one year	Date of Birth mm/dd/yyyy	Occupation	Party*	Nationality if not US Citizen	Moved/Deceased	US Veteran Y/N	# Dogs	# Cats*
Last	First	Middle										

Telephone Number\* \_\_\_\_\_

Signature of Respondent \_\_\_\_\_ Date \_\_\_\_\_  
 Signed under Penalties of Perjury as prescribed by M.G.L Ch.56, §4.

1	2	3	4	5
<input style="width: 40px; height: 20px;" type="text"/>	<input style="width: 40px; height: 20px;" type="text"/>	<input style="width: 40px; height: 20px;" type="text"/>	<input style="width: 40px; height: 20px;" type="text"/>	<input style="width: 40px; height: 20px;" type="text"/>
6	7	8	9	10
<input style="width: 40px; height: 20px;" type="text"/>	<input style="width: 40px; height: 20px;" type="text"/>	<input style="width: 40px; height: 20px;" type="text"/>	<input style="width: 40px; height: 20px;" type="text"/>	<input style="width: 40px; height: 20px;" type="text"/>

## SPECIAL INSTRUCTIONS

Return IMMEDIATELY

**Please verify or complete all information contained or requested in this form.**

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

1. 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.
2. MOVED/DECEASED- Enter "M" or "D" if appropriate.
3. 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 individual's name.
4. OCCUPATION- Enter occupation, not place of employment.
5. NATIONALITY-Enter only if not a U.S. Citizen
6. VETERAN- Check if you are a U.S. Veteran
7. To return this form:

Mail to: Robin Phelan, Town Clerk  
7A Spofford Road  
Boxford, MA 01921

Fax to: 978-887-0943

Scan and email to: [rphelan@town.boxford.ma.us](mailto:rphelan@town.boxford.ma.us)

Thank you for your cooperation.