TOWN OF BOXFORD
7A SPOFFORD ROAD
BOXFORD, MASSACHUSETTS 01921

Robin Phelan
rphelan@town.boxford.ma.us
Telephone: 978-887-6000 x151
Fax: 978-887-0943

OFFICE OF

# THE TOWN CLERK

**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.

****This form may not be used to register to vote.****

Current address: _____

**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 provided by adding, deleting, or making changes below the printed information.

Designate the head of your household by marking an "X" in the second column next to the name.

The ninth column labelled Moved/Deceased asks if the person(s) listed has moved or is deceased. Enter 'M' or 'D' if appropriate.

The following fields are optional and are denoted as such by an asterisk '*': mailto, sex, Party, number of cats and telephone number.

| Name<br>Last, First Middle | Mail to* | Previous Address | Sex* M/F | Date of Birth<br>mm/dd/yyyy | Occupation | Party* | Nationality<br>If non-U.S. citizen | Moved/Deceased | US Veteran Y/N | # of Dogs | # of Cats |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |

**Telephone Number *** _____ ☐ **Unlisted**

_____
Signature of Respondent Date