

**SPECIAL INSTRUCTIONS:
Return IMMEDIATELY**

Please verify or complete all information contained or requested on 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. MOVE/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 individuals 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, Massachusetts 01921

Or fax to: 978-887-0943

Thank you for your cooperation.