

Town of Andover

**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 **Town Clerk's Office at 623-8255**

PLEASE RETURN TO:

TOWN CLERK'S OFFICE
TOWN OFFICES
36 BARTLET STREET
ANDOVER, MA 01810

NAME: _____
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.

If there is no voter information next to your name, you are not registered to vote. PLEASE NOTE THAT YOU CANNOT REGISTER TO VOTE ON THIS FORM. Official authorized voter registration forms are available at the Library, all Town Post Offices or the Town Clerk's office.

PLEASE PRINT

| Voter | NAME | | | Mail To | Gender M/F | Date of Birth mm/dd/yyyy | Occupation | M - Moved D - Deceased | Nationality (If not U.S. citizen) | U.S. Veteran | Party Affiliation |
|-------|------|-------|--------|---------|------------|-----------------------------|------------|---------------------------|--------------------------------------|--------------|-------------------|
| | 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.

If your designation is "UNENROLLED" on this form, you are a registered voter, but are not affiliated with a party.

See Reverse Side For More Instructions

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.