

RETURN WITHIN TEN (10) DAYS

Please sign and respond within ten (10) days, even if no changes are necessary. COMPLIANCE with this State requirement provides proof of residence, protection of voting rights, veteran's bonus, housing for the elderly and related benefits as well as information for your community.

GENERAL INSTRUCTIONS

Please PRINT. Please verify and/or complete all information listed on this form, then sign and date it.
Make corrections as necessary in the shaded row below the printed information.

- RESIDENT ADDRESS: If your resident address is incorrect, make the change in the space provided in the top right of the reverse page.
- VOTER: If a letter appears in this column, you are a registered voter. (D, Democrat; R, Republican; L, Libertarian; U, Unenrolled (formerly referred to as Independent).)
- NAME: Check names for any spelling errors or changes. Listed should be any member of the household and family in military service, away at school, or confined to a rest home.
- MAIL TO: Identifies the person in the household to whom this form will be sent in future years. To designate a different "mail to" person, write Y in the shaded row for that person.
- DATE OF BIRTH: If your date of birth is incorrect, please make appropriate changes.
- OCCUPATION: Please verify your occupation, not place of employment.
- VETERAN: Place a Y in the VETERAN column if you are a U.S. veteran.
- NATIONALITY: If you are **not** a citizen of the United States, please enter the country from which you have citizenship. (This information, like other categories in this form, is required by the State.)
- MOVED or DECEASED: Put a line through the name of any resident no longer residing at the address. Put a D in the column to indicate that a resident is Deceased. Put an M in the column to indicate that a resident has Moved. If the resident has Moved, have that resident sign his/her name on the shaded row under his/her printed name.
- SIGN: Sign your name.
- PHONE NUMBER: Print and/or verify your phone number in the indicated space. If unlisted, put an "X" in the box above the word "Unlisted."

RETURN THIS FORM WITHIN (10) DAYS, EVEN IF NO CHANGES WERE MADE.

This form DOES NOT register you as a voter or allow you to change your political party.
To register to vote or change your party enrollment, you must complete a new voter registration form in person, by mail, or online at www.RegisterToVoteMA.com

or

Use the QR Code on the right



If you have any questions, please call: Andover Town Clerk's Office at (978) 623-8230