

Town of Lancaster
 Office of the Town Clerk
 701 Main Street Suite 2
 Lancaster, MA 01523-2294

TOWN OF LANCASTER

**IMPORTANT LEGAL DOCUMENT
 ANNUAL STREET LISTING**

2019

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 AT 978-365-3326 Ext 1013**

Resident Address:

← If this address is incorrect, make corrections below

WARNING: Failure to respond to this mailing for 2 consecutive years shall result in removal from the active voting list and may result in removal from the voter registration rolls. (MGL Ch. 51 Sec. 4[c])

Please note that if there is no party information next to your name in column A, you are not currently listed as a registered voter in Lancaster. Designation of "U" is unenrolled in Massachusetts and means that you are registered to vote but not a member of a party. "Unenrolled" is commonly referred to as an independent. All voter information is representative of information currently on file and can only be updated by completing a voter registration or party enrollment form.

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	Previous Address if at current address for less than one year
	Last	First	Middle								

Signature of Respondent _____ Date _____
 Signed under the Penalties of Perjury as Prescribed by M.G.L. 56, §4.

ENTER NUMBER OF DOGS:

Telephone Number: _____
 Please list all phone numbers even if they are unlisted. (If unlisted, however, please include a check mark next to the phone number.)

U=Unlisted
 L>Listed

PLEASE REMEMBER DOGS MUST BE LICENSED BY MARCH 31st, 2019, TO AVOID LATE FEES.

See Reverse Side For More Detailed Instructions

↑ PLEASE DETACH BEFORE MAILING ↑

MAIL IN DOG REGISTRATION FORM

To license your dog(s) for 2019, please complete the following information (attach additional paper if necessary) and return in the envelope provided: the appropriate license fee, a copy of current rabies vaccination certificate, and a **SELF- ADDRESSED STAMPED ENVELOPE** (ADD \$0.20 to regular postage for special handling). Your dog's license(s) will be mailed to you and the rabies certificate will be returned.

NAME/E-MAIL ADDRESS/PHONE: _____

DOG'S NAME: _____ DATE OF BIRTH: _____ BREED: _____ COLOR: _____

NAME OF VET: _____ Rabies Expiration Date: _____ (INCLUDE COPY OF CERTIFICATE!)

CHECK ONE: INTACT MALE \$20.00 INTACT FEMALE \$20.00 Owner over 70 years old (NO CHARGE!!)
 NEUTERED MALE \$10.00 SPAYED FEMALE \$10.00

Make checks payable to "Town of Lancaster". Late fee of \$50.00 *per dog* will be applied after March 31, 2019

RETURN WITHIN TEN (10) DAYS

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 providing information for selection of jurors.

This form DOES NOT register you as a voter, or allow you to change your political party.

You may register to vote in Massachusetts online at www.registertovotema.com.

GENERAL INSTRUCTIONS – PLEASE PRINT

Please verify and/or complete all information listed on this form, then sign and date it. Make corrections as necessary.

- **RESIDENT ADDRESS** – If your resident address is incorrect, make the change in the space to the right of the incorrect address.
- **CHANGES** – Make all changes on the shaded line below the printed line.
- **DELETIONS** – Put a line through the name of any resident no longer residing at this address and list his/her new address.
- **VOTER** – Indicates whether a person is a registered voter. **Returning your census keeps your voter status active.**
- **NAMES OF ALL FAMILY / HOUSEHOLD MEMBERS AT THIS ADDRESS** – Includes any member of the family in Military Service, away at school or confined to a rest home. If a NEW member has been added to the family or household, enter the name & information in the space provide on the form.
- **MAIL TO** – This is the designated individual to whom this form has been sent. If you wish to change your designated mail to contact, please place a “Y” next to the name of the selected individual. ONLY ONE “HEAD OF HOUSEHOLD” may be designated.
- **GENDER M/F** – Should be “M” for Male or “F” for Female.
- **DATE OF BIRTH** – MM=Month, DD=Day, YYYY=Year. If your date of birth is blank or incorrect, please make appropriate changes.
- **OCCUPATION** – Enter or verify your occupation, not your place of employment.
- **MOVED / DECEASED** – Place a “D” in the column to indicate the resident is Deceased. Place an “M” to indicate the resident has Moved. Please provide a new address if known for moved registered voters
- **NATIONALITY** – If you are NOT a U. S. Citizen, please indicate/verify your nationality.
- **VETERAN** – A “Y” indicates you are a veteran of the U. S. Armed Forces.