Please return form within 10 days to: **Town of Lancaster** Office of the Town Clerk 701 Main Street Suite 2 Lancaster, MA 01523-2294

TOWN OF LANCASTER IMPORTANT LEGAL DOCUMENT 2024

Jaster, IIIA 013		ANNUAL CE	NSUS/ S	TRE	ET LISTING FOI	RM	PRECII	NCT _	_		
	formation provided by				I street listing of resident the printed information.	For assistance	e, contact the To	own Cl			
					[0	K KESII	DENT(S) A	AII:			
Mailing Ad	ldress:										
Lancaster 01523	, MA	If this address is incorrect, make corrections below:									
WARNING:					ULT IN REMOVAL FR			G LIS	r		
THIS F		IOT REGISTE	R YOU	TO	VOTE OR CH	ANGE Y	OUR PA	RT)			
LAST	NAME FIRST	MIDDLE	DATE OF BI		OCCUPATION	U.S. VETERAN	NATIONALITY If not US Citizen	MOVED	DECEASED		
SIGNATURE OF RESPONDENT Signed under Penalties of Perjury as prescribed by MGL Ch 56 §4			ATE	Telephone #			Unlisted				
	*MOVED If a h	ousehold member	listed has r	nove	d, provide the follo	ving inforn	 nation.				
Name ((First, Last)	WH	IERE THEY N		D TO	Signature (if a registered vote			oter)		
- Name (Street Addr	ess		City/ Town/Zip						
		↑ Pleas	se detach bei	fore n	nailing 个						
not already confirn	mail this form with (1) a coned on file); (2) a self-add	opy of a current rabies vac ressed stamped envelope;	ccine certificate ; and (3) a checl	showi k made	IL: DUE MARCH 31, ng expiration date and process payable to the Town of La	of of spaying/noncaster for the	• • • • • • • • • • • • • • • • • • • •				
Town Clerk, 701 M	ain Street Suite 2, Lancast	oster, MA 01523. If you're unsure of the fee, please contact the Town Clerk's office. Owner is 70 years or older or dog is a service dog. COST FREE									
		FOR ONLINE RENEWALS, PLEASE GO TO THE FOLLOWING LINK:									
	Current rabies and				ustomerinfo.aspx ile with the Clerk's offic	ce to renew	online				
Owners Name	FEES: Male (Intact)		ct) \$20.00 Ne	eutere	ed Male \$10.00 Spaye	d Female \$1	0.00				

Owners Name/Address/Phor	ne/Email:			
DOG 1 Name:	Breed:	Color:	Age:	
DOG 2 Name:	Breed:	Color:	Age:	
DOG 3 Name:	Breed:	Color:	Age:	
DOG 4 Name:	Breed:	Color:	Age:	

TOWN OF LANCASTER 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 your community. This form DOES NOT register you as a voter, or allow you to change your political party. To register to vote or change party, please obtain a mail-in registration form by calling 800-462-8683 or contact the Town Clerk. You must be a registered voter at least ten (10) days prior to an Election/Town Meeting or a Special Election.

GENERAL INSTRUCTIONS

- 1. VERIFY and/or complete all information listed on the form.
- 2. Make CHANGES in the LINE BELOW the printed line.
- 3. ADD NEW MEMBERS to the family or household by entering name & information on a blank line at the end of form.
- **4. DELETIONS** Put a line through name of any resident no longer residing at this address and complete moved section.
- 5. SIGN / DATE and RETURN this form within 10 days of receipt.

SPECIFIC INSTRUCTIONS - PLEASE PRINT

*optional fields

RESIDENT ADDRESS – If your resident address is incorrect, make the change in the space to the right of the incorrect address. **PHONE NUMBER*** – Please print and/or verify your phone number in the indicated space. Unlisted #'s are indicated with a "Y". **VOTER** – Registered voters will have a code indicating their enrollment status in this column; "R" Republican, "D" Democrat, "L" Libertarian and "U" for No Party/Unenrolled. All other letters represent political party designations. **You cannot use this form to register to vote or change political enrollment.**

NAMES OF ALL FAMILY / HOUSEHOLD MEMBERS AT THIS ADDRESS – Be sure to include 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. If a NEW member has been added to the family or household, enter the name & information in the blank space provided on the form.

DATE OF BIRTH – MM=Month, DD=Day, YYYY=Year. If your date of birth is blank or incorrect, please note change.

OCCUPATION – Indicate/verify your occupation, not your place of employment.

VETERAN – A "Y" indicates you are a veteran of the U. S. Armed Forces.

NATIONALITY - Complete only if you are NOT a U. S. Citizen, please indicate/verify your nationality.

MOVED / DECEASED – Place a "D" in the column to indicate the resident is Deceased. Place an "M" to indicate the resident has Moved. You MUST also provide a new address for moved registered voters along with their signature for it to be processed. (Complete the Moved voter section on the bottom of the form).

PUBLIC SAFETY EMPLOYEE – Residents who work in a public safety occupation will be noted as "PSC" in this column.

To register to vote or to 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: Lancaster Town Clerk's Office at (978) 365-3326

COMPLETE YOUR ANNUAL CENSUS FORM TO MAINTAIN YOUR ACTIVE VOTER STATUS INACTIVE VOTERS

Registered voters who do not respond to the annual street listing by June 1st are considered inactive. Inactive voters are required to complete additional forms & show an ID at elections in order to vote.

DELETING VOTERS

Inactive voters who DO NOT respond to the census confirmation mailing and DO NOT vote for 4 consecutive years are deleted from the voting list.

** Want to save on postage? Send us your SIGNED completed census form via email to: <u>clerk@lancasterma.gov</u>

Must be a clear attachment or picture **