

Town of Charlton
 Town Clerk
 37 Main Street
 Charlton, MA 01507

TOWN OF CHARLTON
 IMPORTANT LEGAL DOCUMENT
 ANNUAL STREET LISTING
 2018

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 508-248-2249**

← 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])

To check your voter status or to REGISTER TO VOTE ON-LINE:
www.sec.state.ma.us/ele/ go to "Voter Tools"

PLEASE PRINT An asterisk (*) in the voter column indicates a registered voter . You cannot register to vote with this form.

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.

THIS FORM MAY BE DROPPED OFF AT TOWN CLERK'S OFFICE, CHARLTON PUBLIC LIBRARY, TED'S PACKAGE STORE OR CHARLTON FOOD MART

Telephone Number: _____

See Reverse Side For More Detailed Instructions

MAIL IN DOG REGISTRATION FORM ↑ PLEASE DETACH BEFORE MAILING ↑ MAIL IN DOG REIGISTRATION FORM
 To license your dog(s) for 2018, please complete the following information and send the appropriate license fee, a copy of current rabies vaccination paperwork and a **SELF- ADDRESSED STAMPED LETTER SIZED ENVELOPE**. Your dog's license(s) will be mailed to you. Additional dog
 Forms at: townofcharlton.net
******PLEASE INCLUDE ALL INFORMATION FOR EVERY DOG IN YOUR HOUSEHOLD******

NAME/ADDRESS/PHONE: _____

EMAIL: _____

DOG'S NAME: _____ AGE: _____ COLOR: _____ BREED: _____

NAME OF VET: _____ / Rabies Expiration Date: _____

M/F - \$20.00 NEUTER/SPAY - \$10.00 SR. DISC AGE 65 - 69 - \$8.00 SR. AGE 70 OR OVER - FREE

CHECKS SHOULD BE MADE PAYABLE TO THE TOWN OF CHARLTON.
 Please send a SELF ADDRESSED LETTER SIZED STAMPED ENVELOPE to:
 Town Clerk, 37 Main Street, Charlton, MA 01507.
 A LATE FEE OF \$10 WILL BE ASSESSED AFTER MARCH 1.

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.