

Please return form to:
 Town Clerk
 Town of North Reading
 235 North Street
 North Reading, MA 01864-1294

IMPORTANT LEGAL DOCUMENT TOWN OF NORTH READING 2024 ANNUAL STREET LISTING

General Laws of Massachusetts mandate an annual street listing of residents as of January 1 of each year. As part of this process we are including information that is being maintained in the Commonwealth's Voter Registration Information System (VRIS). Please update and correct the information provided by adding, deleting, or making changes below the printed information or on the back of the form. **DETAILED INSTRUCTIONS ARE ON THE REVERSE SIDE OF THIS FORM.** Please sign and return the form in the enclosed envelope within ten (10) days, even if no changes are necessary. For assistance, call the **TOWN CLERK'S OFFICE** at (978) 357-5230.
BUSINESS HOURS: MONDAY-THURSDAY 8:00 AM to 4:00 PM and FRIDAY 8:00 AM to 1:00 PM

YOU MAY NOT REGISTER TO VOTE OR CHANGE YOUR PARTY AFFILIATION ON THIS FORM

500001

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.

PRECINCT

No party information next to your name in Column 7 means you're not a registered voter. If you're eligible to vote you may register on-line, by mail or in-person at any Town or City Clerk's Office in Massachusetts. A mail-in voter registration or party designation change form may be obtained by contacting the Town Clerk's Office at (978) 357-5230.

Register to vote, Name, Address, Party change or check Info "on-line" visit: www.sec.state.ma.us/OVR/

PLEASE CONSULT THE DETAILED INFORMATION AND INSTRUCTIONS ON THE REVERSE OF THIS FORM

1 - DWELLING ADDRESS	2:- MAIL TO PHONE #	LISTED/ UNLISTED																
			3	4	5	6	7	8	9	10	11	12	13	14				
			NAME			MAIL TO	DATE OF BIRTH	OCCUPATION	POLITICAL PARTY	NATIONALITY	MOVED (M) DECEASED (D)	# OF DOGS	PUBLIC SAFETY	ACTIVE VOTER (A) INACTIVE VOTER (I)	U.S. VETERAN (Y/N)	CHANGE OF ADDRESS OR COMMENTS	LINE SEQUENCE	
			LAST	FIRST	MIDDLE		mm/dd/yyyy			IF NOT U.S. CITIZEN								
																		1
																		2
																		3
																		4
																		5
																		6

SIGNATURE OF RESPONDENT _____ **DATE** _____
Signed under the Penalties of Perjury as prescribed by M.G.L. Chapter 51 Section 4

<p><u>ELECTION CALENDAR</u></p> <p>March 5, 2024 Presidential Primaries May 7, 2024 Town September 3, 2024 State Primaries November 5, 2024 Presidential</p>	<p><u>TOWN MEETING CALENDAR</u></p> <p>Dates set by Select Board Annually June 2024 – TBD October 2024 - TBD</p>	<p><u>CENSUS/BALLOT RETURN</u></p> <p>Use the Ballot Drop Box Located at the Front Entrance of Town Hall – 235 North Street</p>
<p>*** DOG LICENSES AVAILABLE JANUARY 1st ***</p> <p>Visit the Town of North Reading website for Town Meeting, Election and other information: www.northreadingma.gov</p> <p style="background-color: #f0f0f0; padding: 5px; text-align: center; font-weight: bold;">!!! RETURN YOUR CENSUS FORM PROMPTLY TO REMAIN ON THE ACTIVE VOTER LIST!!!</p>		

SPECIAL INSTRUCTIONS: PLEASE RETURN IMMEDIATELY

This State requirement provides proof of residence to protect voting rights, veteran's bonus, housing for the elderly and related benefits

THIS FORM DOES NOT REGISTER YOU AS A VOTER

For "On-Line" Voter Registration go to: www.RegisterToVoteMA.com

1. **DWELLING ADDRESS:** If the dwelling address is incorrect, make the change in the space below the incorrect address.
2. **PHONE NUMBER (opt):** Check household phone number for correctness, if provided. If unlisted, check the box.
3. **NAMES:** ALL family or household members listed at this address. 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 and all other information in the appropriate areas.
4. **MAIL TO:** Designates the person in this household to whom this mail should be addressed. If you wish to change the person to be designated as the "Head of Household" place an "X" next to the name of the selected individual.
5. **DATE OF BIRTH:** If an individual's date of birth is incorrect, please make appropriate changes.
6. **OCCUPATION:** Enter Occupation, NOT place of employment. School-age children may be listed as "Student".
7. **POLITICAL PARTY:** 'D' for DEMOCRAT - 'R' for REPUBLICAN - 'L' for LIBERTARIAN - 'U' for UNENROLLED
("Unenrolled" is a registered voter who is NOT affiliated with any party – previously known as Independent).
 All other letters represent "political designations" and will be considered "Unenrolled" voters for all Primaries.
8. **NATIONALITY:** Enter nationality if not a U.S. citizen
9. **MOVED / DECEASED:** If an individual on this form has moved or is deceased, please indicate an 'M' or 'D'.
10. **NO. OF DOGS:** Number of dogs licensed to this individual. Please complete enclosed worksheet to register or renew.
11. **PUBLIC SAFETY:** Check this box if the individual is a public safety personnel who works and lives in this community.
12. **VOTER STATUS:** Indicates whether a person is an "Active" or "Inactive" voter.
 If this census form is not returned, the voter status of all "active" voters will automatically change to "inactive" status.
NO CHANGES MAY BE MADE TO THIS FIELD - Returning this form will automatically re-activate any inactive voters.
13. **VETERAN:** Check this box if the individual is a U.S. Veteran.
14. **CHANGE OF ADDRESS:** If an individual has moved, please provide the new address information below.

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LINE SEQUENCE NUMBER	NEW STREET ADDRESS	NEW CITY/TOWN NAME	NEW STATE	NEW ZIP CODE
LINE SEQUENCE NUMBER	COMMENT OR MESSAGE			
	IF GENERAL COMMENT AFFECTING ENTIRE FAMILY UNIT YOU MAY OMIT SEQUENCE NUMBER			