

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**  
**2020 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**

**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

If there is no party information next to your name in Column 7 you are not a registered voter. If you are eligible to vote you may register in person at any Town City Hall in Massachusetts, by mail or on-line. To obtain a mail-in registration form you may call (800) 462-8683 (Monday to Friday 9-5). If you wish to change your party designation, please contact the Town Clerk's Office at (978) 357-5230  
**To register to vote "on-line" go to: [www.RegisterToVoteMA.com](http://www.RegisterToVoteMA.com)**

**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 Please check each name and the information on this form. Make corrections on the line below the printed name. Please note instructions on the reverse of the form relating to changes made to meet State VRIS requirements. LAST FIRST MIDDLE	MAIL TO	DATE OF BIRTH mm/dd/yyyy	OCCUPATION	POLITICAL PARTY	NATIONALITY IF NOT U.S. CITIZEN	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		
												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.

<b>ELECTION CALENDAR</b> March 3, 2020 - Presidential Primary May 5, 2020 -- Town Election September 1, 2020 -- State Primary November 3, 2020 -- Presidential Election	<b>TOWN MEETING CALENDAR</b> Dates set by Select Board Annually June 2020 -- TBD October 2020 -- TBD	<b>CENSUS DROP BOX LOCATIONS</b> Town Hall - 235 North Street Library - 147 Park Street Carr's Stationers - Stop & Shop Plaza
<b>*** DOG LICENSES AVAILABLE JANUARY 1st ***</b>		
Visit the Town of North Reading website for Town Meeting, Election and other information: <a href="http://www.northreadingma.gov">www.northreadingma.gov</a> For voter registration information: <a href="http://www.sec.state.ma.us/VoterRegistrationSearch/MyVoterRegStatus.aspx">www.sec.state.ma.us/VoterRegistrationSearch/MyVoterRegStatus.aspx</a> To register to vote on-line: <a href="http://www.RegisterToVoteMa.com">www.RegisterToVoteMa.com</a>		
<b>!!! RETURN YOUR CENSUS FORM PROMPTLY TO REMAIN ON THE ACTIVE VOTER LIST !!!</b>		

**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](http://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 'J' for GREEN-RAINBOW 'U' for UNENROLLED  
*("Unenrolled" is a registered voter who is NOT affiliated with any party).*  
 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			