City of Haverhill Office of the City Clerk 4 Summer St Haverhill, MA 01830

CITY OF HAVERHILL

IMPORTANT LEGAL DOCUMENT ANNUAL STREET LISTING

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Precinct:

2017

IMPORTANT: General Laws of Massachusetts mandate an annual street listing of residents as of January 1 each year	Undata
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 CITY CLERK AT 078 374 2312	csponu

Resident Address	← 1	If this address is incorrect, make corrections below
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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. M.G.L. Ch. 51, § 4c

PLEASE PRINT

AN ASTERISK (*) IN THE VOTER COLUMN INDICATES A REGISTERED VOTER.

THIS FORM DOES NOT REGISTER YOU AS A VOTER.

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Voter	La	ast	NAME First	Middle	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
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ignature of Respondent	Date	
igned under the Penalties of Perjury as Prescri	ibed by M.G.L. 56, §4.	
Telephone #:	<u></u>	
	Unlisted	
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SPECIAL INSTRUCTIONS: Return IMMEDIATELY.

COMPLIANCE with this State requirement provides proof of residence to protect 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.

GENERAL INSTRUCTIONS: Please Print

- 1. Verify and/or complete all information listed on the form.
- List 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 whose legal residence is the same.
- 3. Make all changes on the SHADED LINE below the printed line.
- 4. If a NEW MEMBER has been added to the family or household, enter the name and information on the blank line at the end of this form.
- Put a line through the name of any resident no longer residing at this address and list his/her new address.
- 6. MOVED/DECEASED Enter "M" or "D" if appropriate.
- 7. MAIL TO Designates the person in your household to whom mail should be addressed. If you wish to change enter an "X" next to that individuals name.
- 8. OCCUPATION: Enter occupation not place of employment.
- 9. NATIONALITY Enter only if not U.S. citizen.
- 10. VETERAN: Check if you are a U.S. Veteran.
- 11. To return this form, tri-fold form and insert into return envelope provided and mail.

Thank you for your cooperation.