

**Town of Maynard
2013 Census**

**IMPORTANT LEGAL DOCUMENT
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. Please sign and return the form in the enclosed envelope within ten (10) days, even if no changes are necessary.

DETAILED INSTRUCTIONS ARE LOCATED ON THE BACK OF THIS FORM. PLEASE PRINT. If you are eligible to vote, you may register in person at any Town or City Hall in Massachusetts or by mail. If you wish to change your party designation, or for general assistance, call the Town Clerk at 978-897-1300. If we do not know your birth date, it may appear as 07/04/1776.

← If this address is incorrect, make corrections below:

WARNING: FAILURE TO RESPOND TO THIS MAILING 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])

If there is no party information next to your name in column A, you are not a registered voter. You MAY NOT change party affiliation on this census form.

Phone #: _____ **Unlisted:** _____

A	B	C	D	E	F	G	H	I	J
POLITICAL PARTY	NAME LAST - FIRST - MIDDLE	MAIL TO	GENDER M/F	DATE OF BIRTH MM/DD/YYYY	OCCUPATION	M - MOVED D - DECEASED	NATIONALITY (IF NOT U.S. CITIZEN)	PUBLIC SAFETY	U.S. VETERAN Y/N

 SIGNATURE OF RESPONDENT Date
 Signed under the Penalties of Perjury as prescribed by M.G.L. Chap. 56, Sec. 4

**DOG OWNERS PLEASE FIND 2013 DOG
FORM ON OTHER SIDE**

**REFER TO THE BACK OF THE FORM FOR DETAILED INSTRUCTIONS
AND ADDITIONAL INFORMATION**

TOWN OF MAYNARD - SPECIAL INSTRUCTIONS: 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 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 twenty (20) days prior to State Primaries and Elections.**

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.

PHONE NUMBER - Please print and/or verify your phone number in the indicated space. If unlisted, put an "X" in the box next to the word "Unlisted".

DELETIONS - Put a line through the name of any resident no longer residing at this address and list his/her new address. Make all changes on the SHADED line below the printed line.

A - POLITICAL PARTY - "R" for REPUBLICAN, "D" FOR DEMOCRAT, "J" for GREEN-RAINBOW PARTY and "U" for UNENROLLED. All other letters represent political party designations. This reflects the information on file and can only be updated by completing the necessary voter registration or party enrollment change form.

B - 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 and information in the space provided on the form.

C - 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 in order to have the entire family listed together.

D - GENDER M/F - Should be "M" for Male or "F" for Female.

E - DATE OF BIRTH - "MM = Month, DD = Day, YYYY = Year." If your date of birth is blank or incorrect, please make appropriate changes.

F - OCCUPATION - Enter occupation, not place of employment.

G - MOVED/DECEASED - If this person has moved or is deceased, please indicate with an "M" or "D".

H - NATIONALITY - If you are NOT a U.S. Citizen, please indicate your nationality.

I - PUBLIC SAFETY - Check this box if you are a member of a public safety agency and WORK AND LIVE IN THIS COMMUNITY.

J - VETERAN - Write a "Y" if you are a veteran of the U.S. Armed Forces.

IF YOU HAVE ANY QUESTIONS, PLEASE CALL THE TOWN CLERK AT 978-897-1300

*****PLEASE NOTE CHANGE IN LICENSE FEES*****

2013 DOG LICENSE RENEWAL / REQUEST FORM (Registration Period is 01/01/2013 - 05/31/2013)

In order to license your dog(s), we will need:

1. A copy of a valid rabies certificate & certificate of spaying / neutering (DO NOT SEND ORIGINALS).
2. A fee of \$9 per dog. (\$9 for spayed/neutered dog, \$10 for intact dog)
3. This form, filled out with your dog(s) information.

INCLUDE A SELF-ADDRESSED, STAMPED ENVELOPE AS THE LICENSE AND TAGS WILL BE MAILED TO YOU.

Please complete the information below and include your payment with the census form in the provided envelope. Checks are to be made payable to the Town of Maynard. **INCLUDE A SELF-ADDRESSED STAMPED ENVELOPE TO HAVE THE TAGS MAILED TO YOU**, or if it is more convenient for you, stop by the Clerk's office during normal business hours to receive your license(s). **As a reminder, all dogs must be registered by 05/31/2013. Dogs licensed after that date will be assessed a late fee of \$10. The late fee shall be in addition to the license fee indicated above.**

Owner Name _____
 Owner Address _____
 Phone (H) _____ Phone (W) _____
 Owner Date of Birth _____

Dog 3 Name _____
 Breed _____ Color _____
 Sex _____ Age _____ Spayed/Neutered _____
 Rabies expires on _____
 Vet. Name / Phone # _____

Dog 1 Name _____
 Breed _____ Color _____
 Sex _____ Age _____ Spayed/Neutered _____
 Rabies expires on _____
 Vet. Name / Phone # _____

Please remember to enclose copies of the rabies and spaying/neutering certificates where applicable. For assistance, or if you no longer own a dog, contact the Clerk's Office at 978-897-1300. Application and check will be returned without processing if information is incomplete. **This license expires 12/31/2013**

Dog 2 Name _____
 Breed _____ Color _____
 Sex _____ Age _____ Spayed/Neutered _____
 Rabies expires on _____
 Vet. Name / Phone # _____