

Town of Maynard  
Maynard Town Clerk  
195 Main Street  
Maynard, MA 01754

# TOWN OF MAYNARD

## IMPORTANT LEGAL DOCUMENT ANNUAL STREET LISTING

Precinct:

2023

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 978-897-1300**

Resident Address:

← 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])**

You cannot register to vote with this form.  
You may register to vote in Massachusetts online at [www.registertovotema.com](http://www.registertovotema.com).

PLEASE PRINT

An asterisk (\*) in the voter column indicates a registered voter.

Voter	NAME			Mail To	Date of Birth mm/dd/yyyy	Occupation	M - Moved D - Deceased (Complete Moved Section on Back of Form)	Nationality (If not U.S. citizen)	U.S. Veteran
	Last	First	Middle						

Signature of Respondent \_\_\_\_\_ Date \_\_\_\_\_  
Signed under the Penalties of Perjury as Prescribed by M.G.L. 56, §4.

### See Reverse Side For More Detailed Instructions

↑ PLEASE DETACH BEFORE MAILING ↑  
MAIL IN DOG REGISTRATION FORMS

### I NO LONGER HAVE A DOG (PLEASE CHECK) \_\_\_\_\_

To license your dog(s) by mail for 2023, please complete the following information and return with the appropriate license fee, a copy of current rabies vaccination paperwork, and a SELF ADDRESSED STAMPED ENVELOPE. Your dog license(s) will be mailed to you.

Dog Owners Name: \_\_\_\_\_

**DOG INFORMATION:**

Intact Dog - \$15 - Spayed /Neutered Dog \$10

FEES

Name: \_\_\_\_\_ M/F - Intact/Not Age: \_\_\_\_\_ Breed: \_\_\_\_\_ Color \_\_\_\_\_ Phone # \_\_\_\_\_

Name: \_\_\_\_\_ M/F - Intact/Not Age: \_\_\_\_\_ Breed: \_\_\_\_\_ Color \_\_\_\_\_

Name: \_\_\_\_\_ M/F - Intact/Not Age: \_\_\_\_\_ Breed: \_\_\_\_\_ Color \_\_\_\_\_

CHECKS SHOULD BE MADE PAYABLE TO "TOWN OF MAYNARD."  
PLEASE SEND TO TOWN CLERK, 195 MAIN STREET, MAYNARD, MA, 01754  
LICENSES ARE DUE BY FEBRUARY 28, 2023  
A LATE FEE OF \$25 WILL BE CHARGED BEGINNING MARCH 1, 2023

**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](http://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 provided 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.
- **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 on the bottom of this form.
- **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.

<b>*MOVED -- If a household member listed has moved, provide the following information.</b>			
Name (First, Last)	WHERE THEY MOVED TO		Signature (if a registered voter)
	Street Address	City/ Town	