

**Town Of Wakefield
2011 Census**

**IMPORTANT LEGAL DOCUMENT
ANNUAL STREET LISTING**

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 781-246-6383**

Resident Address:

← 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.

If your designation is "Unenrolled" on this form, you are a registered voter, but you are not affiliated with a party.

If there is no voter registration next to your name, you are not registered to vote.

PLEASE NOTE THAT YOU CANNOT REGISTER TO VOTE OR CHANGE YOUR PARTY ON THIS FORM.

IF YOU OR A MEMBER OF YOUR FAMILY WISH TO REGISTER TO VOTE BY MAIL, ENTER THE NUMBER OF VOTER REGISTRATION FORMS IN THIS BOX []

PLEASE PRINT

Voter	NAME			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
	Last	First	Middle								

Signature of Respondent _____ Date _____

Signed under the Penalties of Perjury as Prescribed by M.G.L. 56, §4.

ENTER NUMBER OF DOGS

Please note that dog licenses will be available April 1st to May 31st, 2011. On June 1st, 2011 there will be an additional late fee.

Telephone Number: _____ Unlisted

See Reverse Side For More Instructions

↑ PLEASE DETACH BEFORE MAILING ↑

For your convenience, you may fill in this form and return it with your check, made out to the Town of Wakefield, with a stamped self-addressed return envelope and your dog's current RABIES CERTIFICATE.

DOG LICENSE APPLICATION

OWNER'S NAME: _____

TEL. NO. : _____

ADDRESS: _____

BREED: _____

DOG'S NAME: _____

COLOR: _____ AGE _____

SEX _____ MALE \$ 10.00 / NEUTERED MALE \$ 5.00

Remit to: Town of Wakefield, Town Clerk's Office
1 Lafayette St., Wakefield, MA 01880

ENCLOSED _____ FEMALE \$ 10.00 / SPAYED FEMALE \$ 5.00

_____ Check/Money Order (Payable to Town of Wakefield)

_____ STAMPED self-addressed return envelope

VET'S NAME: _____

_____ Current Rabies Certificate enclosed

_____ Current Rabies Certificate is on file at Town Clerk's Office

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.
2. 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.
5. 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.