Office of the Town Clerk 1 Park Street Butterick Municipal Bldg Sterling, MA 01564

TOWN OF STERLING IMPORTANT LEGAL DOCUMENT

2024 CENSUS / ANNUAL STREET LISTING

PRECINCT -

IMPORTANT: State law requires that you be sent an annual street listing form in January of each year. Below is 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. You are required to sign and return the form in the enclosed envelope within ten (10) days, even if no changes are necessary. For assistance contact the Town Clerk's office at: **TOWN CLERK AT 978-422-8111 EXT 2308**

Resident Address:

← If this address is incorrect, make corrections below:

DATE

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. (M.G.L. Ch. 51, § 4c)

YOU CANNOT USE THIS FORM TO REGISTER TO VOTE OR CHANGE YOUR PARTY AFFILIATION

DETAILED INSTRUCTIONS ARE LOCATED ON THE BACK OF THIS FORM. PLEASE PRINT LEGIBLY.

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

VOTER	NAME LAST - FIRST - MIDDLE	MAIL TO	DATE OF BIRTH MM/DD/YYYY	OCCUPATION	NATIONALITY IF NOT A US CITIZEN	D - DECEASED M - MOVED* (Complete Moved Section Below)	U.S. VETERAN

SIGNATURE OF RESPONDENT		

Signed under Penalties of Perjury as prescribed by MGL Ch 56 4

*MOVED If a household member listed has moved, provide the following information.									
Name (First, Last)	WHERE THEY	Signature (if a registered veter)							
Name (First, Last)	Street Address	City/Town, State, Zip	Signature (if a registered voter)						

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.

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.