

City of Everett
Election Commission
484 Broadway
Everett, MA 02149

CITY OF EVERETT
IMPORTANT LEGAL DOCUMENT
ANNUAL STREET LISTING
2019

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 617-394-2296

← If this address is incorrect, make corrections below

Resident Address:

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. CHAPTER 51, SEC 4)

You MAY NOT change your voter information on this form.

Phone #: _____ Unlisted: _____ Ward: _____ Precinct: _____

A	B			C	D	E	F	G	H	I	J	K
VOTER Y/N	NAME			MAIL TO	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 UNDER 1 YR.	PUBLIC SAFETY	NO. OF DOGS
	LAST	FIRST	MIDDLE									

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

**DON'T FORGET TO LICENSE
YOUR DOG FOR 2019**
In accordance with M.G.L Chap. 140, Sec 136-174

See Reverse Side For More Instructions

CITY OF EVERETT– 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. **FAILURE TO RESPOND TO THIS MAILING MAY RESULT IN YOUR INABILITY TO RECEIVE RESIDENTIAL PROPERTY TAX EXEMPTIONS, DOG LICENSES, PARKING PERMITS AND OTHER LICENSES AND PERMITS FROM THE CITY OF EVERETT.** 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 617-394-2296.

GENERAL INSTRUCTIONS: PLEASE PRINT

Please be sure to include the complete and accurate date of birth for every person residing in the household. Pursuant to Massachusetts General Laws chapter 51, section 4, the City of Everett is required to make lists of name, date of birth, occupation, nationality if not a citizen of the United States, and residence as of January 1st of every person three years of age or older residing in Everett. General Laws chapter 56, section 4, provides penalties for refusing or neglecting to provide this information. We appreciate your cooperation in provided the necessary information.

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" on the line 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 - **VOTER** – “Y” for “YES or “N” for NO

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

E - **OCCUPATION** - Enter occupation, not place of employment.

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

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

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

I - **PREVIOUS ADDRESS** - If at current address for less than 1 yr.

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

K - **NO. OF DOGS** – Number of dogs licensed to this individual.

IF YOU HAVE ANY QUESTIONS, PLEASE CALL LINDA-LEE ANGIOLILLO, THE ADMINISTRATIVE REGISTRAR AT 617-394-2297

To return this form

Refold, insert into the provided return envelope and mail

Thank you for your cooperation