

**Town of Middleton  
2009 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 Registrars of Voters at 978-774-6927. Office hours: Mon - Thu 9AM-4PM; Tue eve 6PM-8PM; Fri 9AM-1PM. 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 G, you are not a registered voter. You MAY NOT change party affiliation on this census form.

Phone #: \_\_\_\_\_ Unlisted: \_\_\_\_\_ Precinct: \_\_\_\_\_

| A      | B                             | C         | D            | E                           | F          | G                 | H                                    | I                         | J                |
|--------|-------------------------------|-----------|--------------|-----------------------------|------------|-------------------|--------------------------------------|---------------------------|------------------|
| LINE # | NAME<br>LAST - FIRST - MIDDLE | * MAIL TO | * GENDER M/F | DATE OF BIRTH<br>MM/DD/YYYY | OCCUPATION | * POLITICAL PARTY | NATIONALITY<br>(IF NOT U.S. CITIZEN) | M - MOVED<br>D - DECEASED | U.S. VETERAN Y/N |
| 1      |                               |           |              |                             |            |                   |                                      |                           |                  |

**DON'T FORGET TO LICENSE YOUR DOGS FOR 2009**

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

**PLEASE CONSULT THE DETAILED INFORMATION AND INSTRUCTIONS ON THE REVERSE OF THIS FORM  
 PLEASE RETURN THIS FORM WITHIN 10 DAYS  
 SEE ENCLOSED FORM FOR DOG LICENSING**

**TOWN OF MIDDLETON - 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 Registrars of Voters. You must be a registered voter at least twenty (20) days prior to State Primaries and Elections.**

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**GENERAL INSTRUCTIONS: PLEASE PRINT**

Verify and/or complete all information listed on this form. If there are no corrections, please sign and date the form.

**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 - LINE NUMBER**

**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 - POLITICAL PARTY** - "R" for REPUBLICAN, "D" FOR DEMOCRAT, "L" for LIBERTARIAN 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.

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

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

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

**IF YOU HAVE ANY QUESTIONS, PLEASE CALL THE REGISTRARS OF VOTERS AT 978-774-6927**

**To return this form  
Refold, insert into the provided return envelope and mail  
Thank you for your cooperation**