City of Somerville
2006 Census

IMPORTANT LEGAL DOCUMENT
ANNUAL STREET LISTING

IMPORTANT: **FOR CURRENT RESIDENT - DO NOT FORWARD.** Please update this form deleting all information which is no longer valid and list all persons, including roommates, who live at this address. Date of Birth must be provided. For assistance, please call the Election Department at 617-625-6600 ext 4200.

WARD: **PRECINCT:**

← If this information is incorrect, make corrections below.

_____

_____

_____

If there is no party information next to your name, you are not registered to vote. ( ) Check here if you would like voter registration forms to be mailed to you.
_____ How many forms?

NOTE: **General instructions and information are on the reverse side of this form. Please sign and return this form within 10 days, even if no changes are necessary. Please Print.**

WARNING: Response establishes proof of residency. 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.

NAME Last First Middle	Mail To*	Previous Address If at the above address for less than one year	Sex* M / F	Date of Birth mm/dd/yyyy	Occupation	Party*	Nationality If not U.S. Citizen	Moved Deceased	US Veteran* Y/N	# Dogs

* = Optional information

Telephone Number*_____ ☐ UNLISTED

_____
Signature of Respondent Date
Signed under the penalties of perjury as prescribed by M.G.L. Ch. 56 §4

BUSINESS HOURS ARE: MONDAY - WEDNESDAY 8:30 am to 4:30 pm., THURSDAY 8:30 am to 7:30 pm, and FRIDAY 8:30 am to 12:30 pm.

We thank you for your prompt response, Nicholas P. Salerno, Election Commissioner

SPECIAL INSTRUCTIONS: Return IMMEDIATELY
COMPLIANCE with this State requirement provides proof of residence to protect your voting rights, veteran's bonus, housing for the elderly and related benefits, as well as providing information for the 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 persons whose legal address is the same, including roommates. 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 all mail should be addressed. If you wish to change, enter and "X" next to that individual's name.

8. OCCUPATION - Please list your occupation, not your place of employment.

9. NATIONALITY - Enter only if not U.S. Citizen.

10. U.S. Veteran - Indicate Yes or No if United States Veteran.

11. To return this form, tri-fold and insert into return envelope provided and mail.

Thank you for your cooperation.