Office of the Town Clerk
66 Westford Street
Carlisle, MA 01741

TOWN OF CARLISLE

IMPORTANT LEGAL DOCUMENT

ANNUAL STREET LISTING

2019 CENSUS / ANNUAL STREET LISTING

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 townclerk@carlislema.gov or 978-369-6155.

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. (M.G.L. Ch. 51, § 4c)**

YOU **CAN NOT** USE THIS FORM TO REGISTER TO VOTE OR CHANGE YOUR PARTY AFFILIATION

Phone #: _____ **Unlisted:** _____

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

A	B	C	D	E	F	G	H	I
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**	Public Safety Employee

_____ _____
SIGNATURE OF RESPONDENT **DATE**
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 MOVED TO		Signature (if a registered voter)
	Street Address	City/ Town	

TOWN OF CARLISLE - 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 to vote or change party, please obtain a mail-in registration form by calling 978-369-6155 or via email: townclerk@carlislema.gov. You must be a registered voter at least twenty (20) days prior to an Election.

INSTRUCTIONS – PLEASE PRINT ***optional fields**

1. **VERIFY** and/or complete all information listed on the form. See below for specific instructions for each item.
2. Make **CHANGES** in the **LINE BELOW** the printed line.
3. **ADD NEW MEMBERS** to the family or household by entering name & information on a blank line at the end of form.
4. **DELETIONS** – Put a line through name of any resident no longer residing at this address and complete moved section.
5. **SIGN / DATE and RETURN this form within 10 days of receipt**.

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. Unlisted #'s are indicated with a "Y".