

TOWN OF HULL IMPORTANT LEGAL DOCUMENT ANNUAL STREET LISTING

PRECINCT:

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 TOWN CLERK AT 781-925-2262

← 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. Ch. 51, § 4c

****THIS FORM DOES NOT REGISTER YOU TO VOTE OR MAKE ANY VOTER REGISTRATION CHANGES****

YOU CAN SCAN AND RETURN THIS FORM BY EMAIL TO census@town.hull.ma.us

If there is an asterisk (*) next to your name in the "Voter" column, you are a registered voter.

PLEASE PRINT

[illegible]

ENTER NUMBER OF DOGS

Signature of Respondent

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

ANNUAL & SPECIAL TOWN MEETING - MONDAY, MAY 1, 2017
ANNUAL TOWN ELECTION - MONDAY, MAY 15, 2017

IF A HOUSEHOLD MEMBER LISTED HAS MOVED, PROVIDE THE FOLLOWING INFORMATION

Name (First, last)

Moved to (street address, city/town)

Signature(if a registred voter)

See Reverse Side For More Instructions

PLEASE DETACH BEFORE MAILING

2017 DOG LICENSE APPLICATION BY MAIL; DUE MARCH 31, 2017

Please detach and mail this form with (1) a copy of a current rabies certificate showing expiration date and proof of spaying/neutering (if applicable and not already on file); (2) a self-addressed stamped envelope; (3) a check made payable to the Town of Hull for the appropriate license fee to: Town Clerk, 253 Atlantic Avenue, Hull, MA 02045. Your dog's license(s) will be mailed to you. **** PLEASE INCLUDE ALL INFORMATION FOR EVERY DOG IN YOUR HOUSEHOLD****

FEE: CHECK ONE: _____ MALE \$15.00 _____ NEUTERED MALE \$10.00 _____ FEMALE \$15.00 _____ SPAYED FEMALE \$10.00 _____

OWNERSNAME/ADDRESS/PHONE:

DOG 1 NAME: _____ AGE: _____ COLOR: _____ BREED: _____

DOG 2 NAME: _____ AGE: _____ COLOR: _____ BREED: _____

SPECIAL INSTRUCTIONS: Return IMMEDIATELY.

COMPLIANCE with this State requirement provides proof of residence to protect 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.

GENERAL INSTRUCTIONS: Please Print

1. Verify and/or complete all information listed on the form.
2. List ALL family or household members whose legal address is the same. 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 the 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 mail should be addressed. If you wish to change enter an "X" next to that individual's name.
8. OCCUPATION: Enter occupation not place of employment.
9. NATIONALITY - Enter only if not U.S. citizen.
10. VETERAN: Check if you are a U.S. Veteran.
11. To return this form, tri-fold form and insert into return envelope provided and mail.

Thank you for your cooperation.