

Town of Foxborough  
 Town Clerk's Office  
 40 South Street  
 Foxborough, MA 02035

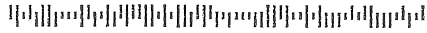
TOWN OF FOXBOROUGH  
 IMPORTANT LEGAL DOCUMENT  
 ANNUAL STREET LISTING

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 508-543-1208

Resident Address: (Please list below): ← If this address is incorrect, make corrections below

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



**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

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 Town Clerk.

**PLEASE PRINT** An asterisk (\*) in the "Voter" column indicates a registered voter. You cannot register to vote with this form.

Voter	NAME			Mail To	Gender M/F	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 less than one year.
	Last	First	Middle								

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

Telephone #: \_\_\_\_\_

7133

See Reverse Side For More Instructions

↑ PLEASE DETACH BEFORE MAILING ↑

MAIL IN DOG REGISTRATION FORM

SEND THIS FORM ALONG WITH CURRENT RABIES VACCINATION RECORD AND SPAYING/NEUTERING CERTIFICATE.

NAME \_\_\_\_\_ ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

DOG'S NAME: \_\_\_\_\_ DOB: \_\_\_\_\_ COLOR: \_\_\_\_\_ BREED: \_\_\_\_\_

CHECK ONE:

\_\_\_\_ MALE \$15.00 \_\_\_\_ NEUTERED MALE \$12.00 \_\_\_\_ FEMALE \$15.00 \_\_\_\_ SPAYED FEMALE \$12.00

MUST INCLUDE A STAMPED SELF-ADDRESSED ENVELOPE WITH \$.69 POSTAGE AND A CHECK

MADE PAYABLE TO THE "TOWN OF FOXBOROUGH"

MAIL TO:  
 TOWN CLERK  
 40 SOUTH STREET  
 FOXBOROUGH, MA 02035

\*\*\*\*LICENSES ARE DUE BY JANUARY 1, 2017  
 \*\*\*\*ANY QUESTIONS, CALL 508-543-1208  
 \*\*\*\*\$25.00 LATE FEE BEGINS FEBRUARY 1, 2017

**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 individuals 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.