PRECINCT __

Town Clerk/Registrar 157 Main Street Spencer MA 01562 508-885-7500 X150

IMPORTANT LEGAL DOCUMENT PLEASE RESPOND WITHIN 10 DAYS TOWN OF SPENCER 2024

ANNUAL CENSUS/ STREET LISTING FORM

Business hours of The Town Clerk are: MONDAY - WEDNESDAY 7:30 AM to 4:30 PM THURSDAY 7:30 AM to 12:00 NOON

General Laws of Massachusetts (Chapter 51, § 4) mandate an annual street listing of residents as of January 1 of each year. Please update and correct the information provided by adding, deleting or making changes below the printed information.

Mailing Address:

FOR RESIDENT(S) AT:					

THIS FORM DOES NOT REGISTER YOU TO VOTE

Submit your census electronically!
Take a picture of the signed form and email it to Townclerks@spencerma.gov

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١	WARNING: IF YOU FAIL TO RE	SPOND TO THIS MA	ILING YOUR V	OTING STATUS SI	HALL REVE	RT TO INACTI	VE.		
POLITICAL PARTY	NAME	MIDDLE	DATE OF BIRTH	OCCUPATIO	DN .	Nationality (If not US Citizen)	MOVED	DECEASED	PUBLIC SAFETY
8	LAST FIRST	MIDDLE	MM/DD/YYYY			US Citizen)	Σ	DE	<u>r</u> 9
					•	1			
X_				Email Address	(Optional)		-		1
Sig	nature of Respondent ned under the Penalties of Perjury as	Date	-				_		
Oigi				Telephone #			U	nlist	ted
	*MOVED It a h	ousehold member lis		•	wing intorm	ation.			_
	Name (First, Last)		E THEY MOVED	Signa		ture (if a registered vo		er)	
		Street Address		City/ Town		-			4

INSTRUCTIONS FOR UPDATING INFORMATION ON FRONT OF THIS FORM

VOTER: If a letter appears in this column you are a registered voter.

D, Democrat; R, Republican; L, Libertarian; U, unenrolled (formerly referred to as independent). If nothing is listed, you are not a registered voter in the

Town of Spencer.

NAME: Check names for any spelling errors or changes.

DATE OF BIRTH: If your date of birth is incorrect, please make appropriate changes.

OCCUPATION: Please list job title, **not** place of employment.

VETERAN: Place a "Y" in the column if you are a U.S. Veteran.

NATIONALITY: If you are not a citizen of the United States, please enter the country from which you have

citizenship.

MOVED or Put a line through the person's name and enter an "X" MOVED or an "X" DECEASED.

DECEASED: If the person has **moved** enter the new address in the section below.

PUBLIC SAFETY: Place a '√' PSC column if you are a Police Officer, Firefighter, or State Trooper (Public

Service Commission Status).

Please provide a phone number so we can contact you if necessary.

MARK YOUR 2024 CALENDARS

Annual Town Meeting May 2, 2024 Annual Town Election May 14, 2024

Location: Memorial Town Hall

To register to vote or to change your party enrollment you must complete a <u>NEW VOTER</u> <u>REGISTRATION FORM</u> in person, by mail or online at:

www.RegisterToVoteMA.com

or

Use the QR Code on the right

If you have any questions, please call: Spencer Town Clerk's Office at (508) 885-7500 x150

RETURN THIS FORM WITHIN (10) DAYS, EVEN IF NO CHANGES WERE MADE.