

SPECIAL INSTRUCTIONS: Please return IMMEDIATELY.

COMPLIANCE with this State requirement provides proof of residence to protect voting rights, veterans' benefits, 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.

1. NAME - 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. MAIL TO - Designates the person in your household to whom mail should be addressed. If you wish to make a change enter a "Y" next to that individual's name. MOVED/DECEASED: Enter "M" or "D" if appropriate.
7. GENDER - Male (M) or Female (F)
8. DATE OF BIRTH - Enter month, date, and year.
9. OCCUPATION: Enter OCCUPATION not PLACE OF EMPLOYMENT.
10. POLITICAL PARTY - Please check for correct party designation.
11. NATIONALITY: Enter only if NOT a U.S. citizen.
12. VETERAN: Enter "Y" if you are a U.S. Veteran.
13. MOVED/DECEASED: Enter "M" or "D" if appropriate. If deceased, please give date of death. If moved, list his/her new address if known.
14. Enter number of dogs at bottom of page.
15. To return this form, tri-fold it and insert into return envelope provided and mail.

Thank you for your cooperation.

Carla Vitale
Town Clerk