

Please return form to:
 Town Clerk
 Town of Weston
 P. O. Box 378
 Weston, MA 02493-0002

IMPORTANT LEGAL DOCUMENT
TOWN OF WESTON
2023 ANNUAL STREET LISTING

General Laws of Massachusetts mandate an annual street listing of residents as of January 1 of each year. As part of this process we are including 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. Please sign and return the form in the enclosed envelope within ten (10) days, even if no changes are necessary. DETAILED INSTRUCTIONS ARE ON THE REVERSE OF THIS FORM. For assistance, call the **TOWN CLERK'S OFFICE AT 781-786-5010. Business hours are: Monday-Friday 8:30 am to 5:00 pm.**

← 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." (MGL CH. 51 SEC. 4[C])

If there is no party information next to your name in Column 7, YOU ARE NOT REGISTERED TO VOTE. If you are eligible to vote you may register in person at any Town or City Hall in Massachusetts or by mail. To obtain a Mail-In Registration Form you may call 781-786-5010. If you wish to change your party designation you must contact the Town Clerk's Office.

Precinct

1- Dwelling Address

2- MAIL TO PHONE #

UNLISTED

3 NAME Please check your name. Make corrections on line below printed name. Please note instructions on the reverse of the form relating to changes made to meet State VRIS requirements.				4 Mail To	5 DATE OF BIRTH MM/DD/YYYY	6 OCCUPATION OR NAME OF SCHOOL	7 POLITICAL PARTY	8 SCHOOL INFORMATION SCHOOL CODE GRADE		9 MOVED / DECEASED	10 PUBLIC SAFETY	11 'A'=ACTIVE VOTER 'I'=INACTIVE VOTER	12 U.S. VETERAN? Y/N	13 CHANGE OF ADDRESS OR COMMENTS	LINE SEQUENCE
Last	First	Middle	Suffix												
															1
															2
															3
															4
															5
															6

Signature of Respondent

Date

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

PLEASE CONSULT THE DETAILED INFORMATION AND INSTRUCTIONS ON THE REVERSE OF THIS FORM.

EMAIL ADDRESS (IN CASE WE HAVE QUESTIONS) _____

****CHECK OUT THE TOWN'S WEBSITE AT www.westonma.gov****
PLEASE SEE ATTACHED FOR INFORMATION ABOUT COMPLETING THE SCHOOL CENSUS.

REMINDER - DOG LICENSE EXPIRES 12/31/22 - SEE ATTACHED RENEWAL FORM.

IF YOU WISH TO CHANGE YOUR MAILING ADDRESS MAKE THE CORRECTIONS IN THE PROVIDED BOX.

1- IF YOUR DWELLING ADDRESS IS INCORRECT MAKE THE CORRECTIONS IN THE BOX BELOW THE PRINTED INFORMATION.

2- CHECK YOUR PHONE NUMBER FOR CORRECTNESS. PLEASE MAKE CORRECTIONS IN THE BOX BELOW THE PRINTED INFORMATION. IF YOUR PHONE IS UNLISTED CHECK THE BOX.

3- NAME 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.
If you are not a U. S. Citizen your nationality should be indicated under your name.

4- MAIL TO: This is the designated individual to which this form has been sent. If you wish to change your designated mail to contact please place an 'Y' next to the name of the selected individual.

5- DATE OF BIRTH If your date of birth is incorrect please make appropriate changes.

6- OCCUPATION OR NAME OF SCHOOL Enter your current occupation or the name of your child's school.

7- POLITICAL PARTY 'R' for REPUBLICAN 'D' for DEMOCRAT 'U' for UNENROLLED
 (An unenrolled voter is one who is registered to vote but has NOT selected a party affiliation.)

8- SCHOOL CODES: See attached for instructions.

9- MOVED/DECEASED If this individual has moved or is deceased please indicate with an 'M' or 'D'.

10- PUBLIC SAFETY Check this box if you are a member of a public safety agency and work **and** live in this community.

11- VOTER STATUS Indicates whether the individual is an active or inactive voter.

12- VETERAN Place a 'Y' here if you are a veteran or spouse of the U.S. armed forces.

13- CHANGE OF ADDRESS OR COMMENT If you have a new address or other information you wish to provide the town/city please provide that information below. Indicate the form sequence number and the information provided.

To add a new name to your listing, provide the information on the next available line.

IF YOU HAVE ANY QUESTIONS PLEASE CALL THE TOWN CLERK'S OFFICE AT 781-786-5010

LINE SEQUENCE NUMBER	NEW CITY/TOWN NAME	NEW STREET ADDRESS	NEW STATE	NEW ZIP CODE
LINE SEQUENCE NUMBER	COMMENT OR MESSAGE IF GENERAL COMMENT AFFECTING ENTIRE FAMILY UNIT YOU MAY OMIT SEQUENCE NUMBER.			