## CITY OF CAMBRIDGE 2012 CENSUS IMPORTANT LEGAL DOCUMENT ANNUAL STREET LISTING

IMPORTANT: General Laws of Massachusetts mandate an annual street listing of residents as of January 1 each year. Update the information provided by adding, or making changes below the printed information. Please sign and respond within ten (10) days, even if NO changes are necessary. For assistance, call the Election Commission at 617-349-4361 (TTY 617-492-0235).

<b>—</b>	If this address is incorrect, make corrections below:

WARNING: Failure to respond to this mailing shall result in removal from the active voting list and may result in removal from the voter registration rolls.

Voter Column: "D" = Democrat, "R" = Republican, "J" = Green-rainbow, "U" = Unenrolled (formerly Independent). Other letters refer to political designations.

## **PLEASE PRINT**

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Voter	Last	NAME First	Middle	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 1 yr.
				Annual Annua						

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

PLEASE RETURN THIS FORM WITHIN 10 DAYS.

See enclosed Voter Registration Request Form and Census Instructions

Please complete and return IMMEDIATELY. Failure to complete the Census shall result in removal from the active voting list and may result in removal from the voter registration rolls. Completing the Census 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. The Census form however DOES NOT register you as a voter; you must complete a Voter Registration form.

## **INSTRUCTIONS:**

- 1. Verify and/or complete all information listed on the form. Please print.
- 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 this 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. OCCUPATION Enter occupation not place of employment.
- 8. NATIONALITY Enter only if not U.S. citizen.
- 9. VETERAN Check if you are a U.S. Veteran.
- 10. Return this form in the stamped envelope provided.

THANK YOU FOR YOUR COOPERATION