

Town of South Hadley  
Town Clerk  
116 Main St  
South Hadley, MA 01075

**TOWN OF SOUTH HADLEY**  
**IMPORTANT LEGAL DOCUMENT**  
**ANNUAL STREET LISTING**

Precinct:

2022

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 413-538-5017**

Resident Address:

← 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))

An asterisk (\*) in the voter column indicates a registered voter. If the column is blank, you are not registered to vote. Register or change your party at least 20 days prior to an election at [www.state.ma.us/ovr](http://www.state.ma.us/ovr) or call the Town Clerk for more details.

**PLEASE PRINT**

Voter	NAME			Date of Birth mm/dd/yyyy	Occupation	M - Moved D - Deceased (Complete Moved Section on Back of Form)	Nationality (Not U.S. citizen)	U.S. Veteran
	Last	First	Middle					

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

ENTER NUMBER OF DOGS: \_\_\_\_\_  
If you are interested in being a Poll Worker, please check the box below and enter your name: \_\_\_\_\_

See Reverse Side For More Detailed Instructions  
↓ PLEASE DETACH BEFORE MAILING ↓  
2022 DOG LICENSE APPLICATION BY MAIL: DUE MARCH 31, 2022

To license your dog(s) for 2022, please complete the following information and return appropriate license fee, a copy of current rabies vaccination paperwork and a SELF-ADDRESSED STAMPED ENVELOPE. Please make check payable to The Town of SOUTH HADLEY.  
Your dog license will be mailed to you.  
\*\*\*\*\*for online renewals, please go to the following websight\*\*\*\*\*  
[www.southhadley.org](http://www.southhadley.org)

Mark appropriate fee(s): \_\_\_\_\_ MALE \$20.00 \_\_\_\_\_ NEUTERED MALE \$15.00 \_\_\_\_\_ FEMALE \$20.00 \_\_\_\_\_ SPAYED FEMALE \$15.00  
NAME / ADDRESS \_\_\_\_\_  
PHONE / E-MAIL \_\_\_\_\_  
DOGS 1 NAME \_\_\_\_\_ BREED \_\_\_\_\_ Rabies Exper. Date \_\_\_\_\_ AGE \_\_\_\_\_  
DOGS 2 NAME \_\_\_\_\_ BREED \_\_\_\_\_ Rabies Exper. Date \_\_\_\_\_ AGE \_\_\_\_\_

**RETURN WITHIN TEN (10) DAYS**

COMPLIANCE with this State Requirement provides proof of residence, protection of 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, or allow you to change your political party.**

You may register to vote in Massachusetts online at [www.registertovotema.com](http://www.registertovotema.com).

**GENERAL INSTRUCTIONS – PLEASE PRINT**

Please verify and/or complete all information listed on this form, then sign and date it. Make corrections as necessary.

- **RESIDENT ADDRESS** – If your resident address is incorrect, make the change in the space to the right of the incorrect address.
- **CHANGES** – Make all changes on the shaded line below the printed line.
- **DELETIONS** – Put a line through the name of any resident no longer residing at this address and list his/her new address.
- **VOTER** – Indicates whether a person is a registered voter. **Returning your census keeps your voter status active.**
- **NAMES OF ALL FAMILY / HOUSEHOLD MEMBERS AT THIS ADDRESS** – Includes any member of the family in Military Service, away at school or confined to a rest home. If a NEW member has been added to the family or household, enter the name & information in the space provided on the form.
- **MAIL TO** – This is the designated individual to whom this form has been sent. If you wish to change your designated mail to contact, please place a "Y" next to the name of the selected individual. **ONLY ONE "HEAD OF HOUSEHOLD" may be designated.**
- **DATE OF BIRTH** – MM=Month, DD=Day, YYYY=Year. If your date of birth is blank or incorrect, please make appropriate changes.
- **OCCUPATION** – Enter or verify your occupation, not your place of employment.
- **MOVED / DECEASED** – Place a "D" in the column to indicate the resident is Deceased. Place an "M" to indicate the resident has Moved. Please provide a new address if known for moved registered voters on the bottom of this form.
- **NATIONALITY** – If you are NOT a U. S. Citizen, please indicate/verify your nationality.
- **VETERAN** – A "Y" indicates you are a veteran of the U. S. Armed Forces.

**\*MOVED -- If a household member listed has moved, provide the following information.**

Name (First, Last)	WHERE THEY MOVED TO		Signature (if a registered voter)
	Street Address	City/Town	