

City of North Adams  
 Office of the City Clerk  
 10 Main Street RM 109  
 North Adams, MA 01247-3491

**City of North Adams**  
**IMPORTANT LEGAL DOCUMENT**  
**ANNUAL STREET LISTING**  
**2014**

**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 **CITY CLERK AT 413-662-3000 ext 1**

Resident Address:

← 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.**

**PLEASE PRINT** An asterisk (\*) in the voter column indicates a registered voter. You cannot register with this form.

Voter	NAME			Mail To	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 one year
	Last	First	Middle								

ENTER NUMBER OF DOGS:

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

THIS FORM MAY BE DROPPED OFF POSTAGE FREE AT THE CITY CLERK'S OFFICE.

OFFICE HOURS ARE:

MONDAY - THURSDAY 8:00 - 4:30

FRIDAYS 8:00 - 1:30

FOR INFORMATION CALL THE CITY CLERK'S OFFICE AT 662-3000 EXT 1

Telephone #: \_\_\_\_\_

**See Reverse Side For More Instructions**

↑ PLEASE DETACH BEFORE MAILING ↑

**MAIL IN DOG REGISTRATION FORM**

To license your dog(s) for 2014, please complete the following information and send the appropriate license fee, a copy of current rabies vaccination paperwork and a SELF-ADDRESSED STAMPED ENVELOPE to the City Clerk.

\*\*\*\*\*PLEASE INCLUDE ALL INFORMATION FOR EVERY DOG IN YOUR HOUSEHOLD\*\*\*\*\*

NAME/ADDRESS/PHONE: \_\_\_\_\_

DOG'S NAME: \_\_\_\_\_ AGE: \_\_\_\_\_ COLOR: \_\_\_\_\_ BREED: \_\_\_\_\_

CHECK ONE: \_\_\_\_\_ MALE \$20.00 \_\_\_\_\_ NEUTERED MALE \$8.00 \_\_\_\_\_ FEMALE \$20.00 \_\_\_\_\_ SPAYED FEMALE \$8.00

CHECK MADE PAYABLE TO THE "CITY OF NORTH ADAMS"

MAIL TO: OFFICE OF THE CITY CLERK  
 10 MAIN STREET, RM 109  
 NORTH ADAMS, MA 01247-3491

**SPECIAL INSTRUCTIONS:** Return IMMEDIATELY.

COMPLIANCE with this State requirement 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. This form DOES NOT register you as a voter.

**GENERAL INSTRUCTIONS: Please Print**

1. 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 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. MAIL TO - Designates the person in your household to whom mail should be addressed. If you wish to change enter an "X" next to that individuals name.
8. OCCUPATION: Enter occupation not place of employment.
9. NATIONALITY - Enter only if not U.S. citizen.
10. VETERAN: Check if you are a U.S. Veteran.
11. To return this form, tri-fold form and insert into return envelope provided and mail.

Thank you for your cooperation.