IMPORTANT LEGAL DOCUMENT
ANNUAL STREET LISTING
2019

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 AT 508-533-3204

If this address is incorrect, make corrections below

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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])

Completing this form does NOT register you to vote.
Please contact the Town Clerk to register.

PLEASE PRINT

<table>
<thead>
<tr>
<th>Voter</th>
<th>Last</th>
<th>First</th>
<th>Middle</th>
<th>Mail To</th>
<th>Date of Birth mm/dd/yyyy</th>
<th>Occupation</th>
<th>H - Moved D - Deceased</th>
<th>Nationality (If not U.S. citizen)</th>
<th>U.S. Veteran</th>
<th>Previous Address if at current address for less than one year.</th>
</tr>
</thead>
</table>

Signature of Respondent: __________________________ Date: __________

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

DOG LICENSE APPLICATION ON BACK OF FORM
ONLINE DOG REGISTRATION IS AVAILABLE GO TO TownofMedway.org

See Reverse Side For More Detailed Instructions
GENERAL INSTRUCTIONS: PLEASE PRINT

1. Verify and/or complete all information listed on this 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. 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 make a change, enter an “X” next to that individual’s name. ONLY ONE “HEAD OF HOUSEHOLD” may be designated in order to have the entire family listed together on one form.
8. OCCUPATION – Enter occupation, NOT place of employment.
9. NATIONALITY – If you are NOT a U.S. Citizen, please indicate your nationality.
10. VETERAN – Enter a “Y” if you are a veteran of the U.S. Armed Forces.
11. To return this form, tri-fold it and insert and insert into return envelope provided and mail.

Thank you for your cooperation.

IF YOU HAVE ANY QUESTIONS, PLEASE CALL THE TOWN CLERK AT 508-533-3204

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**2019 DOG LICENSE RENEWAL/REQUEST FORM**

Dog Licenses are due by March 31, 2019.

In order to license your dog(s), we will need:

1. A copy of a valid rabies certificate and certificate of spaying/neutering (DO NOT SEND ORIGINIAL).
2. A fee of $16.00 per dog if your dog if not spayed or neutered; A fee of $11.00 per dog if spayed or neutered.
3. This form filled out with your dog(s) information.

Please complete the information below and include your payment with the census form and a Self-Addressed Stamped Envelope in the provided envelope. Checks are to be made payable to the Town of Medway. We will mail the tag(s) back to you as soon as possible. If it is more convenient for you, please feel free to stop by the Town Clerk’s Office during normal business hours.

**As a reminder, all dogs must be registered by March 31, 2019. Dogs licensed after that date will be assessed a late fee of $50.00 after April 15, 2019. The late fee shall be in addition to the license fee indicated above.**

Name of Owner ___________________________ Address ___________________________ Phone ___________________________

Dog 1 Name ___________________________ Breed ___________________________ Color ___________________________

Sex __________ Age __________ Spayed/Neutered ___________________________

Rabies expires on ___________________________

Vet. Name / Phone No. ___________________________

Dog 2 Name ___________________________ Breed ___________________________ Color ___________________________

Sex __________ Age __________ Spayed/Neutered ___________________________

Rabies expires on ___________________________

Vet. Name / Phone No. ___________________________

Dog 3 Name ___________________________ Breed ___________________________ Color ___________________________

Sex __________ Age __________ Spayed/Neutered ___________________________

Rabies expires on ___________________________

Vet. Name / Phone No. ___________________________

Dog 4 Name ___________________________ Breed ___________________________ Color ___________________________

Sex __________ Age __________ Spayed/Neutered ___________________________

Rabies expires on ___________________________

Vet. Name / Phone No. ___________________________

Please remember to enclose copies of the rabies and spaying/neutering certificates where applicable. To license more than three (3) dogs, please contact the Town Clerk’s Office at 503-533-3204.