FOR RESIDENT(S) AT:

SIGNATURE OF RESPONDENT

Signed under the Penalties of Perjury as prescribed by M.G.L. Chapter 56 §4.

# IMPORTANT LEGAL DOCUMENT **2017**

ANNUAL CENSUS FORM

### TOWN OF WESTFORD

Kaari Mai Tari Town Clerk/Registrar

Business hours of The Town Clerk are: MONDAY – FRIDAY 8:00 AM to 4:00 PM

■ IF THIS ADDRESS IS INCORRECT

UNLISTED

General Laws of Massachusetts mandate an annual street listing of residents as of January 1 of each year. Please update and correct the information provided by adding, deleting or making changes below the printed information. For assistance, call the **TOWN CLERK'S OFFICE at (978) 692-5515 or email us at townclerk@westfordma.gov** 

	DATE OF BIRTH	OCCUPATION	POL.	MOVED/	CITIZEN (IE NOT U.S.)	VETERA or Spouse
IVIII	WIWIDENTTT	1		5202,025	(11 1401 0.0.)	of deceased
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TH DOG I	LICENSING / I	RENEWAL INF	ORMA	TION	_	
	UCTIONS	UCTIONS ARE LOCAT	UCTIONS ARE LOCATED ON THE 1	UCTIONS ARE LOCATED ON THE BACK	UCTIONS ARE LOCATED ON THE BACK OF TH	M/F MM/DD/YYYY PARTY DECEASED (IF NOT U.S.)

PHONE

#### PLEASE VERIFY PRINTED INFORMATION AND MAKE ALL NEEDED CORRECTIONS IT IS IMPORTANT TO LIST ALL PERSONS RESIDING AT THIS ADDRESS

Check names for any spelling errors or changes. NAME: Should be 'M' for MALE or 'F' for FEMALE. GENDER:

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

OCCUPATION: Please list job title not place of employment.

POL. PARTY: If a letter appears in this column you are a registered voter. There are currently three political parties.

D, Democratic; R, Republican; L, Libertarian; U, Unenrolled denotes voter without political affiliation.

All other letters represent political designations.

Put a line through the person's name and enter an 'M' or a 'D'. MOVED /

If the person has moved enter the new address in the next available line. DECEASED:

If you are not a citizen of the United States please enter the country from which you have citizenship. CITIZEN: VETERAN:

Place a 'V' in the VETERAN column if you are a U.S. veteran. Place an 'S' for a SURVIVING SPOUSE

of a deceased U.S. veteran.

## DOG LICENSING REQUIREMENTS

Fees: Males/Females (\$20.00) or Spayed/Neutered (\$15.00) [Fee(s) waived if owner is older than 70]

You may license your dog(s) in person, by mail or online.

If by mail, include the following:

- Current Rabies Certificate
- Completed Application
- · Check Payable to: "Town of Westford"
- · Self Addressed, Stamped Envelope to receive License & Tag by Mail

Mail to: Town Clerk, Town Hall, 55 Main Street, Westford MA 01886

License your dog(s) online at: westfordma.gov/255/Town-Clerk (Current Rabies Certificate Must Be On File In Our Office)

#### Please note the following dates regarding dog licensing:

Expiration date of prior year's license December 31

All licenses renewed after this date subject to a \$25 late fine in March 31

addition to the license fee (owners older than 70 are still subject to fine).

June 1 Names of owners of unlicensed dogs are turned over to the Animal Control Officer.

	DOG #1			
Name of Owner				
	Name Breed			
Address	Up-to-date rabies certificate included			
	Deceased			
Mailing Address (if different)	DOG #2			
T.1. 1. N. 1.				
Telephone Number	Name Breed			
Email	Up-to-date rabies certificate included Deceased			