

Please return form within 10 days to:

City of Fitchburg  
Office of the City Clerk  
166 Boulder Drive Suite 108  
Fitchburg, MA 01420

IMPORTANT LEGAL DOCUMENT  
**CITY OF FITCHBURG**  
**2020**  
ANNUAL STREET LISTING

WARD  PRECINCT

Business Hours: Monday - Friday 8:30 am to 4:30 pm

General Laws of Massachusetts mandate an annual street listing of residents as of January 1 of each year. As part of this process we are including information that is being maintained in the Commonwealth's Voter Registration Information System (VRIS). Please update and correct the information provided by adding, deleting, or making changes below the printed information. Please sign and return the form in the enclosed envelope within ten (10) days, even if no changes are necessary. For assistance contact the City Clerk's office at (978)829-1820.

Mailing Address:

<b>FOR RESIDENT(S) AT:</b>
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If this address is incorrect, make corrections below:

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**\*\* 2020 DOG LICENSE RENEWAL IS ON THE REVERSE OF THIS FORM \*\***

**WARNING:** Failure to respond to this mailing for two (2) consecutive years shall result in removal from the active voting list and may result in removal from the voter registration rolls. (M.G.L. Ch. 51, § 4c)

**THIS FORM DOES NOT REGISTER YOU TO VOTE OR CHANGE YOUR PARTY**

VOTER	NAME			DATE OF BIRTH MM/DD/YYYY	OCCUPATION	PUBLIC SAFETY	NATIONALITY IF NOT US CITIZEN	MOVED	DECEASED	VETERAN
	LAST	FIRST	MIDDLE							

\_\_\_\_\_  
**SIGNATURE OF RESPONDENT** \_\_\_\_\_ **Date** \_\_\_\_\_ **Phone Number** ☐ << **Unlisted**

*Signed under penalties of perjury as prescribed by M.G.L. ch. 56 §4*

**DON'T FORGET TO LICENSE YOUR DOG FOR 2020**  
**\*\*See Renewal/Request Application on Reverse Side\*\***

## 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 below the incorrect address.

**PHONENUMBER:** Please print and/or verify your phone number in the indicated space. If unlisted, put an "X" in the box next to the word "Unlisted".

**DELETIONS:** Put a line through the name of any resident no longer residing at this address and list his/her new address. Make all changes on the SHADED line below the printed line.

**VOTER:** YES or NO

**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 and information in the space provided on the form.

**DATE OF BIRTH:** "MM= Month, DD= Day, YYYY= Year". If your date of birth is blank or incorrect, please make appropriate changes.

**OCCUPATION:** Enter occupation, not place of employment.

**PUBLIC SAFETY:** Check this box if you are a member of a public safety agency and WORK AND LIVE IN THIS COMMUNITY.

**NATIONALITY:** If you are NOT a U.S. Citizen, please indicate your nationality.

**MOVED/DECEASED:** If this person has moved or is deceased, please indicate with an "M" or "D"

**VETERAN:** Write a "Y" if you are a veteran of the U.S. Armed Forces.

### **MARK YOUR 2020 CALENDARS:**

Presidential Primary Election	March 3, 2020
State Primary Election	September 1, 2020
Presidential Election	November 3, 2020

To register to vote or change your party enrollment you must complete a new voter registration form in person, by mail, or online at: **[www.RegisterToVoteMA.com](http://www.RegisterToVoteMA.com)**

**If you have any questions, please call:  
Fitchburg City Clerk's Office at (978) 829-1820**

### **2020 DOG LICENSE RENEWAL / REQUEST FORM Registration Period is 01/01/2020 - 03/31/2020**

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

1. A copy of a valid rabies certificate & certificate of spaying / neutering.

(DO NOT SEND ORIGINALS).

2a. A fee of \$15 if your dog has **-not-** been spayed or neutered.

2b. A fee of \$9 per dog for a spayed or neutered dog.

3. This form filled out with your dog(s) information.

**DOGS NOT RE-LICENSED BY MAY 1, 2020 WILL BE  
ASSESSED A \$15 LATE FEE.**

Please complete the following information below and include your payment with the Census Form in the provided envelope. Check or money orders are to be made payable to the **City of Fitchburg. INCLUDE A SELF-ADDRESSED STAMPED ENVELOPE TO HAVE THE TAGS MAILED TO YOU**, or if it is more convenient for you, stop by the City Clerk's office during normal business hours to receive your license(s). Please note phone and email on this form will only be used to contact you regarding your dog and will not be made public unless required by the Attorney General.

Owner Name \_\_\_\_\_  
Owner Address \_\_\_\_\_  
Phone (H) \_\_\_\_\_ Phone (W) \_\_\_\_\_

Dog 1 Name \_\_\_\_\_  
Breed \_\_\_\_\_ Color \_\_\_\_\_  
Sex \_\_\_\_\_ Age \_\_\_\_\_ Spayed/Neutered \_\_\_\_\_  
Rabies expires on \_\_\_\_\_  
Vet name / Phone # \_\_\_\_\_

Dog 2 Name \_\_\_\_\_  
Breed \_\_\_\_\_ Color \_\_\_\_\_  
Sex \_\_\_\_\_ Age \_\_\_\_\_ Spayed/Neutered \_\_\_\_\_  
Rabies expires on \_\_\_\_\_  
Vet name / Phone # \_\_\_\_\_  
Dog 3 Name \_\_\_\_\_  
Breed \_\_\_\_\_ Color \_\_\_\_\_  
Sex \_\_\_\_\_ Age \_\_\_\_\_ Spayed/Neutered \_\_\_\_\_  
Rabies expires on \_\_\_\_\_  
Vet name / Phone # \_\_\_\_\_

For more than three (3) dogs, please include the additional per-dog information on a separate piece of paper. An owner of four (4) or more dogs must obtain a kennel license. For assistance, or if you no longer own a dog, contact the City Clerk's office at (978)-829-1820.

*Application and check will be returned without processing if information is incomplete.*