

**City of Westfield  
2017 Census**

**IMPORTANT LEGAL DOCUMENT  
ANNUAL STREET LISTING**

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. Please sign and return the form in the enclosed envelope within ten (10) days, even if no changes are necessary.

**DETAILED INSTRUCTIONS ARE LOCATED ON THE BACK OF THIS FORM. PLEASE PRINT. If you are eligible to vote, you may register in person at any Town or City Hall in Massachusetts or by mail or online [www.RegisterToVoteMA.com](http://www.RegisterToVoteMA.com). If you wish to change your party designation, or for general assistance, call the Board of Registrars' Office at 413-572-6266 or visit our website at [www.cityofwestfield.org](http://www.cityofwestfield.org).**

If o cklpi "cddress is f khtgpt, make gpt { below

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**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. (MGL Ch. 51, Sec. 4[c])**

If there is no party information next to your name in column I, you are not a registered voter. You MAY NOT change party affiliation nor register to vote on this census form. Downloadable forms are available at [www.cityofwestfield.org](http://www.cityofwestfield.org).

Phone #: \_\_\_\_\_ Unlisted: \_\_\_\_\_ Ward: \_\_\_\_\_ Precinct: \_\_\_\_\_

A	B			C	D	E	F	G	H	I	J	K	L
LINE	NAME			MAIL TO I ENDR M/F	DATE OF BIRTH MM/DD/YYYY	OCCUPATION	M - MOVED D - DECEASED	NATIONALITY (IF NOT U.S. CITIZEN)	POLITICAL PARTY	PUBLIC SAFETY			U.S. VETERAN Y/N
	LAST	FIRST	MIDDLE										

\*R=Republican D=Democrat I T? 'I tggp/Tckpdqy "L= Libertarian U=No Party Affiliation

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

**PLEASE LICENSE YOUR DOG(S) WITH VJ G'NÆGPUG'F KXKQP  
Y GUVHGNF 'EKW[ 'J CNN.'7; 'EQWT V'UV.'TQQO '439'\*635/864/; 5; 6+**

**CITY OF WESTFIELD - SPECIAL INSTRUCTIONS: 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 your community. **This form DOES NOT register you as a voter, or allow you to change your political party. To register to vote or change party, please obtain a mail-in registration form by calling 800-462-8683 or 572-6266 for the Board of Registrars' Office. You must register to vote at least twenty (20) days prior to State Primaries and Elections. Voter forms are available at [cityofwestfield.org/vote](http://cityofwestfield.org/vote) or at [registertovotema.com](http://registertovotema.com)**

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**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.

**PHONE NUMBER** - 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. Use the blank lines at the bottom of the form to make any changes. Registered voter(s) cannot be deleted unless he/she/they sign this form.

**A - LINE NUMBER**

**B - 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.

**C - 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 in order to have the entire family listed together.

**D - GENDER** - This data is no longer collected via City Census, nor a requirement to provide in the State of Massachusetts

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

**F - OCCUPATION** - Enter occupation, not place of employment.

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

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

**I - POLITICAL PARTY** - "R" Republican, "D" Democrat, "GR" Green-Rainbow, "L" Libertarian and "U" Unenrolled or No Party Affiliation. All other letters represent political party designations. This reflects the information on file and can only be updated by completing the necessary voter registration or party enrollment change form.

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

**K - VOTER STATUS** - Indicates whether a person is an Active or Inactive voter. Returning this form will reactivate voter status unless the voter indicates that he / she has moved and signs the form. If there is no political party, you are not registered to vote. Completing this form will NOT register a person to vote.

**L - VETERAN** - Write a "Y" if you and/or your spouse served in the U. S. Military.

**IF YOU HAVE ANY QUESTIONS, PLEASE CALL THE BOARD OF REGISTRARS' OFFICE AT 413-572-6266**