You may return this form by email: Census@townofmedway.org

Please return form within 10 days to:

Town of Medway

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Town of Medway Town Clerk IMPORTANT LEGAL DOCUMENT

2024

155 Village Street Medway, MA 02053

ANNUAL CENSUS/ STREET LISTING FORM

Business Hours of the Town Hall are:

Monday 7:30am - 5:30pm; Tuesday - Thursday 7:30am - 4:30pm; Friday 7:30am - 12:30pm

General Laws of Massachusetts (Chapter 51, § 4) 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, contact the **Town Clerk's Office at (508) 533-3204 or email townclerk@townofmedway.org**

| Mailing Address: | | | FOR RESIDENT(S) AT | | | | | | v: |
|--------------------|--|-----------------------------------|---|-------------------------|-----------------------------------|------------------|-------------------------------------|-------|----------|
| | | **PLEASE REMEM | DED TO LIST O | | | | | | - - |
| | WARNING: IF YOU FAIL TO | RESPOND TO THIS M | AILING YOUR | VOTING STATUS SH | | | | | |
| | THIS FORM DOES | S NOT REGISTE | R YOU T | O VOTE OR C | HANG | E YC | OUR PART | Υ | |
| VOTER | NAME LAST FIRST | MIDDLE | DATE OF BIRTI MM/DD/YYYY | OCCUPAT | ION | VETERAN (Y/N) | Nationality If not US Citizen | Moved | Deceased |
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| | nature of Respondent ned under the Penalties of Perjury a | Dat as prescribed by M.G.L. Ch | | Telephone # | | | | Unlis | ted |
| | *MOVED If a | household member lis | | - | wing info | rmatio | n. | | |
| Name (First, Last) | | | WHERE THEY MOVED TO Street Address City/ Town | | Signature (if a registered voter) | | | | |
| | | Street Addres | Street Address City/ T | | | | | | |
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^{**}DOG LICENSING INFORMATION AND APPLICATION ARE ON THE BACK OF THIS FORM **

INSTRUCTIONS FOR UPDATING INFORMATION ON FRONT OF THIS FORM

VOTER: If an " * " appears in this column you are a registered voter in Medway. NAME: Check names for any spelling errors or changes. If your date of birth is incorrect, please make appropriate changes. DATE OF BIRTH: Please list job title, or type of work. OCCUPATION: Place a "Y" in the column if you are a U.S. Veteran. **VETERAN:** If you are not a citizen of the United States, please enter the country from which you have NATIONALITY: citizenship. MOVED or Put a line through the person's name and enter an "X" MOVED or an "X" DECEASED. If DECEASED: the person has **moved** enter the new address in the block below. DOG LICENSE REMINDER DON'T FORGET TO LICENSE YOUR DOG FOR 2024!!! **PLEASE NOTE CHANGE IN FEE PRICE BELOW!!!!!** If you have any questions, please contact: Medway Town Clerk's Office @ (508) 533-3204 or townclerk@townofmedway.org *While using your cell phone camera hover over the QR code and click the link that appears on your screen – that will take you to the dog licensing website* 2024 DOG LICENSE RENEWAL / REQUEST FORM Registration Period is JANUARY 1, 2024 - MARCH 31, 2024 I no longer have a dog(s) (please check and list dog's names(s) below \(\extstyle \) In order to license your dog(s), we need: Dog 1 1. A copy of a valid rabies certificate and certificate of spaying / neutering. Dog 2 Dog 3 2a. A fee of \$15.00 per dog if your dog has -not- been spayed or neutered. 2b. A fee of \$10.00 per dog for a spayed or neutered dog. 3. This form filled out with your dog(s) information. Please complete the information below and include your payment and a self-addressed stamped envelope with the census form in the provided envelope. Checks are to be made payable to the Town of Medway. As a reminder, all dogs must be registered by March 31, 2024. Late fees go into effect April 15, 2024, dogs licensed after that date will be assessed a late fee of \$50.00 per dog. The late fee shall be in addition to the license fee indicated above. Name of Owner: ______Telephone:_______Email:____ Address: Dog 3 Dog 1 Name: Name:

Please remember to enclose copies of the rabies and spaying/neutering certificates where applicable. For more than 5 dogs, please include the additional per-dog information on a separate piece of paper, please note that with 5 dogs a kennel license is required.

Breed:_____

Name:

Dog 4

Breed:

Sex:

Color:

Sex: Age: Spayed/Neutered

Age: Spayed/Neutered

__Color:

Color:

Sex: Age: Spayed/Neutered

Age: ____Spayed/Neutered_

Breed:____

Dog 2

Name:

Breed:

Sex:

For assistance, or if you no longer own a dog, contact the Clerk's Office at 508-533-3204 or email townclerk@townofmedway.org This License will expire 12/31/2024.