«SCANCODE»

Board of Elections Department One Government Center Office#636 Fall River, MA. 02722

PRECINCT

CITY OF FALL RIVER 2024 MUNICIPAL CENSUS

IMPORTANT LEGAL DOCUMENT
RYAN LYONS, CHAIRMAN & DIRECTOR
BOARD OF ELECTIONS DEPARTMENT

Business Hours: Monday-Thursday 8AM-4PM, Friday 8AM-3PM

of each year.
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If this address is incorrect, make correction(s) below:

The General Laws of the Commonwealth mandate an Annual Street Listing of residents as of January 1st of each year. Please update and correct the information provided by adding, deleting, or making changes below the printed information. For assistance, contact the Board of Elections Dept. at 508-324-2630.

Mailing Address:

FOR RESIDENT(S) AT:

PLEASE REMEMBER TO LIST CHILDREN

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. (M.G.L. Ch. 51, § 4c)

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VOTER		NAME		DATE OF	OCCUPATION	RAN N)	NATIONALITY	ج ب	ased	g
Š	LAST	FIRST	MIDDLE	BIRTH MM/DD/YYYY	OCCUPATION	VETERAN (Y/N)	If NOT U.S. Citizen	Publi	Date Deceased	Mov

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	nature of Respo	ndent es of Perjury as prescribed by f	M.G.L. Chapter 56 §4.	Date	Telephone Number				Number of Dogs	
		MOVED If a I	nousehold member	listed has moved,	provide the following in	formati	on.			

MOVED If	a household member listed has	s moved, provide the follow	ing information.
Name (Last, First)	WHERE THEY	Signature of Person Move	
	Street Address	City/Town/ Zip	(If He/She is a Registered Voter
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INSTRUCTIONS FOR COMPLETING THE MUNICIPAL CENSUS FORM

You are statutorily required to complete and submit the municipal census. Compliance with the street listing provides verifiable proof of residence, protection of voting rights, funding for veterans, seniors, our local schools as well as providing information for the selection of jurors. Please visit the Board of Elections webpage for more information. *Return this Census Form within Ten (10) Days*

THIS FORM DOES NOT REGISTER YOU AS A VOTER.

If you would like to request a voter registration card, please contact the Board of Elections Office at 508-324-2630 or you can register to vote online via Secretary Galvin's webpage at: Online Voter Application (state.ma.us)

PLEASE PRINT THE REQUESTED INFORMATION

Please verify and/or complete all information listed on this form, then sign and date it. Make corrections, as necessary. If you would like to use the census form to change your name, residential address, or political affiliation please use the shaded line below the printed information. The resident/registered voter requesting the change must sign the census form.

- RESIDENTIAL ADDRESS: If your residential address is incorrect, make the change in the space below the incorrect address.
- MOVED: Put a line through the name of any resident no longer residing at this address and list his/her name in the 'Moved Box' below. Registered voters <u>must</u> sign the form in order to be removed from the residence and voting registry.
- POLITICAL AFFILIATION (VOTER): If a letter appears in this column, you are a registered voter in Fall River.
 Returning your municipal census keeps your census and voter registration status active. "D"=Democrat,
 "R"=Republican, "L"=Libertarian, "U"=Unenrolled (formerly known as "Independent"). If any other letter appears,
 you are in a Political Designation and considered Unenrolled for purposes of voting in State Primaries (meaning
 you will have your choice of ballot for state primary elections). If NO letter appears in the column, you are not a
 registered voter in Fall River.
- NAMES OF ALL FAMILY/HOUSEHOLD MEMBERS: Includes every family member over the age of three (3). Please include any family member in the Armed Forces, 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 corresponding information in the space provided on the form. Remember to list all children living at the address. In accordance with M.G.L. Chapter 51, Section 4a, information collected on children under the age of 16 is not a public record and shall only be disclosed to qualified individuals.
- DATE OF BIRTH: MM=Month, DD=Day, YYYY=Year. If your date of birth is blank or incorrect make corrections as necessary.
- OCCUPATION: Enter or verify your occupation, not your place of employment.
- NATIONALITY: If you are <u>not</u> a citizen of the United States, please enter the country from which you have citizenship.
- VETERAN: A "Y" indicates you are a veteran of the U.S. Armed Forces. In accordance with M.G.L. Chapter. 51, Section. 4d, the information collected in this column is not a public record and shall only be disclosed to qualified individuals.
- PUBLIC SAFETY: If you are a member of a public safety agency (law enforcement, corrections, fire) place an "X" in the corresponding box. Your household's information will be kept confidential and not accessible as a public record. M.G.L Chapter 51, Section 4(e)
- DECEASED: Put a line through any resident's name who has died and enter the date deceased.
- NUMBER OF DOGS: List the number of dogs in your household.

REMEMBER TO SIGN & DATE THIS CENSUS FORM

Changes cannot be made without a signature

Proof of Residency can only be certified by the Chairman of the Elections Dept. when this census form is returned and made part of the official record

PLEASE RETURN THIS CENSUS FORM IN THE ENCLOSED ENVELOPE BY MAIL OR AT ONE OF THE FOLLOWING LOCATIONS:

(Available Until March 8th)

Chaves Market: 49 Columbia Street
Market Basket: 600 William S. Canning Blvd.
Seabra Supermarket: 440 Stafford Road
Shaw's Supermarket: 4171 North Main Street
Stop & Shop Supermarket: 333 Mariano D. Bishop Blvd.

Any Questions or Need Assistance? Please contact the Board of Elections Department at 508-324-2630.

RYAN LYONS

CHAIRMAN & DIRECTOR CHIEF ELECTIONS OFFICIAL BOARD OF ELECTIONS DEPT.