

**IMPORTANT LEGAL DOCUMENT  
ANNUAL STREET LISTING 2026  
TOWN OF CLARKSBURG**

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**IMPORTANT:** State law requires that you be sent an annual street listing. Please update the information below. Please sign and respond within ten (10) days, even if no changes are necessary.

For assistance, call TOWN CLERK

(413)-663-8255

← If this address is incorrect, make corrections below

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**Current Resident**

CLARKSBURG MA 01247

If there is no party information next to your name, you are not registered to vote. If you wish to register to vote, you may register in-person or by mail.

**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.

**INSTRUCTIONS:** Please print. Update the information provided by adding, deleting, or making changes below the printed information. Designate the head of your household by marking an "\*" in the second column next to the name. The eighth column labelled Moved/Deceased asks if the person(s) listed have moved or are deceased. Enter an "M" or a "D" if appropriate. The following fields are optional and are denoted as such by an asterisk: mail to, party, number of cats, and telephone number.

**THIS FORM DOES NOT REGISTER YOU TO VOTE**

Last	First	Middle	NAME * Mail to*	Previous Address <small>If at the above address for less than one year</small>	Date of Birth <small>mm/dd/yyyy</small>	Occupation	Party*	Nationality <small>If non-U.S. citizen</small>	Moved/Deceased	US Veteran <small>Y/N</small>	# Dogs	# Cats*

Telephone Number\* \_\_\_\_\_

Unlisted

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

1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
6 <input type="checkbox"/>	7 <input type="checkbox"/>	8 <input type="checkbox"/>	9 <input type="checkbox"/>	10 <input type="checkbox"/>