

**\*\*Submit your census electronically! If no changes, please sign this form and scan it to townclerk@wnewbury.org \*\***

Please return form within 10 days to:

TOWN CLERK  
TOWN OF WEST NEWBURY  
381 MAIN STREET  
WEST NEWBURY, MA 01985

## Town of West Newbury

IMPORTANT LEGAL DOCUMENT

### 2023

ANNUAL CENSUS/ STREET LISTING FORM

James RW Blatchford, Town Clerk

Precinct     

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 (978) 363-1100**.

Mailing Address:

**FOR RESIDENT(S) AT:**

If this address is incorrect, make corrections below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

S00001

**Warning - failure to respond to this mailing for 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	NATIONALITY If not US Citizen	MOVED	DECEASED	VETERAN
	LAST	FIRST	MIDDLE						

**X** \_\_\_\_\_  
Signature of Respondent

\_\_\_\_\_ Date

\_\_\_\_\_ Telephone #

Unlisted

Signed under the Penalties of Perjury as prescribed by M.G.L. Chapter 56 §4.

**\*MOVED -- If a household member listed has moved, provide the following information.**

Name (First, Last)	WHERE THEY MOVED TO		Signature (if a registered voter)
	Street Address	City/Town/Zip	



# INSTRUCTIONS FOR UPDATING INFORMATION ON FRONT OF THIS FORM

**If an \* (asterisk) appears in this column you are a registered voter.  
If nothing is listed, you are not a registered voter in the Town of West Newbury.**

- VOTER:**
- NAME:** Check names for any spelling errors or changes.
- DATE OF BIRTH:** If your date of birth is incorrect, please make appropriate changes.
- OCCUPATION:** Please list job title, **NOT** place of employment.
- NATIONALITY:** If you are not a citizen of the United States, please enter the country from which you have citizenship.
- MOVED or DECEASED:** Put a line through the person's name and enter an "X" MOVED or an "X" DECEASED. If the person has **moved** enter the new address in the line below.
- VETERAN:** Place a "Y" in the column if you are a U.S. Veteran.

## **NEED TO KNOW WHAT IS GOING ON IN TOWN?**

**\*\*Check out our website at [www.wnewbury.org](http://www.wnewbury.org) for all the latest town information or to use our online bill pay feature, scan the QR Code for faster access\*\***



## 2023 DOG LICENSE RENEWAL / REQUEST FORM

**\*\*IF YOU ARE OVER 70 THE DOG LICENSING FEE IS WAIVED\*\***

**Registration Period is 01/01/2023 - 04/30/2023**

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

1. A copy of a valid rabies certificate and certificate of spaying / neutering - if not already on file.
- 2a. A fee of \$25.00 per dog if your dog has -not- been spayed or neutered.
- 2b. A fee of \$15.00 per dog for a spayed or neutered dog.
3. This form, filled out with your dog(s) information.

Please complete the information below and **pay online** or include your payment with the census form in the envelope provided to return by mail, you may place your envelope in the payment box at Town Hall. Checks are to be made payable to the Town of West Newbury. Tags will be mailed to you upon receipt of payment. As a reminder, all dogs must be registered by 04/30/2023. Dogs licensed after that date will be assessed a late fee of \$10 per dog per month in addition to the license fee indicated above.

Name of Owner: \_\_\_\_\_ email: \_\_\_\_\_

Address: \_\_\_\_\_ Phone (H): \_\_\_\_\_ Phone (C): \_\_\_\_\_

Dog 1  
Name: \_\_\_\_\_  
Breed: \_\_\_\_\_ Color: \_\_\_\_\_  
Sex: \_\_\_\_\_ Age: \_\_\_\_\_ Spayed/Neutered \_\_\_\_\_  
Rabies expires on \_\_\_\_\_  
Vet. Name / Phone No. \_\_\_\_\_

Dog 3  
Name: \_\_\_\_\_  
Breed: \_\_\_\_\_ Color: \_\_\_\_\_  
Sex: \_\_\_\_\_ Age: \_\_\_\_\_ Spayed/Neutered \_\_\_\_\_  
Rabies expires on \_\_\_\_\_  
Vet. Name / Phone No. \_\_\_\_\_

Dog 2  
Name: \_\_\_\_\_  
Breed: \_\_\_\_\_ Color: \_\_\_\_\_  
Sex: \_\_\_\_\_ Age: \_\_\_\_\_ Spayed/Neutered \_\_\_\_\_  
Rabies expires on \_\_\_\_\_  
Vet. Name / Phone No. \_\_\_\_\_

**\*\* MGL Chapter 140, Section 137** requires that all dogs six months of age or older must be licensed, and evidence of current rabies vaccination and a spayed or neutered certificate must be provided at time of registration. **\*\***

Please remember to enclose copies of the rabies and spaying/neutering certificates where applicable. For more than 3 dogs, please contact the Town Clerks' office.

For assistance, or if you no longer own a dog, contact the Clerk's Office at 978-363-1100. This License will expire 04/01/2024.

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

**RETURN THIS FORM WITHIN (10) DAYS, EVEN IF NO CHANGES WERE MADE.**