

Please return within 10 days:
**Town of Nahant
Town Clerk's Office
334 Nahant Road
Nahant, MA 01908**

IMPORTANT LEGAL DOCUMENT
2026
ANNUAL STREET LISTING
TOWN OF NAHANT

IMPORTANT: General Laws of Massachusetts mandate an annual street listing of residents as of January 1st each yr. Update the information provided by adding, deleting, or making changes below the printed information. Please sign and respond within ten (10) days, even if no changes are necessary. For assistance, call **TOWN CLERK AT 781-581-0018 x 4**

Resident Address:

← If this address is incorrect, make corrections below

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

PLEASE BE INFORMED THAT THE 2026 CENSUS/STREET LIST MUST BE ON FILE WITH THE TOWN OF NAHANT IN ORDER TO PURCHASE A 2026 PARKING STICKER.

PLEASE PRINT:

ENTER NUMBER OF DOGS

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

**All dogs 6 months and older must have their rabies inoculation and be licensed with town per MGL 140, section 137.*

Telephone Number: _____

See Reverse Side for More Detailed Instructions

MAIL IN DOG REGISTRATION FORM

To license your dog(s) for 2026, please complete the following information and send the appropriate license fee, a copy of current rabies vaccination paperwork and a SELF- ADDRESSED STAMPED ENVELOPE. Your dog's license(s) will be mailed to you.

NAME/ADDRESS/PHONE: _____

DOG'S NAME _____ AGE _____ COLOR _____ BREED _____

NAME OF VET: _____ **RABIES EXPIRATION DATE:** _____

ONCE AFTER \$10.00 REGISTERED MAIL \$10.00 ENVELOPE \$10.00 STAMP

¹ See, for example, the discussion of the relationship between the two in the introduction to *Principles of the Law of War* (1905), 100–101.

CHECKS SHOULD BE MADE PAYABLE TO THE "TOWN OF NAHANT."

PLEASE 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 selection of jurors.

This form does **NOT** register you as a voter, or allow you to change your political party.

You may register to vote in Massachusetts online at

www.registertovotema.com.

GENERAL INSTRUCTIONS – PLEASE PRINT

Please verify and/or complete all information listed on this form, then sign and date it. Make corrections as necessary.

- **VOTER** – Indicates whether a person is a registered voter. **Returning your census keeps your voter status active.**
- **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 & information in the space provided on the form.
- **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.
- **DATE OF BIRTH** – MM=Month, DD=Day, YYYY=Year. If your date of birth is blank or incorrect, please make appropriate changes.
- **OCCUPATION** – Enter or verify your occupation, not your place of employment.
- **MOVED / DECEASED** – Place a "D" in the column to indicate the resident is Deceased. Place an "M" to indicate the resident has moved. ****Please provide a new address if known for moved registered voters on the bottom of this form.**
- **NATIONALITY** – If you are NOT a U. S. Citizen, please indicate/verify your nationality.
- **VETERAN** – A "Y" indicates you are a veteran of the U. S. Armed Forces.

Office will send a notice to registered voter. Thank you

| **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 | |
| | | | |
| | | | |

ADDITIONAL DOGS:

| | | | |
|--|-------------------------------|-------------|-------------|
| DOG'S NAME _____ | AGE _____ | COLOR _____ | BREED _____ |
| NAME OF VET: _____ | RABIES EXPIRATION DATE: _____ | | |
| CHECK ONE: <input type="checkbox"/> MALE \$25.00 <input type="checkbox"/> NEUTERED MALE \$20.00 <input type="checkbox"/> FEMALE \$25.00 <input type="checkbox"/> SPAYED FEMALE \$20.00 | | | |
| DOG'S NAME _____ | AGE _____ | COLOR _____ | BREED _____ |
| NAME OF VET: _____ | RABIES EXPIRATION DATE: _____ | | |
| CHECK ONE: <input type="checkbox"/> MALE \$25.00 <input type="checkbox"/> NEUTERED MALE \$20.00 <input type="checkbox"/> FEMALE \$25.00 <input type="checkbox"/> SPAYED FEMALE \$20.00 | | | |

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LICENSES ARE DUE BY APRIL 1st EACH YEAR. A \$20. LATE FEE WILL BE ASSESSED AFTER APRIL 15th.