

CITY OF PITTSFIELD– SPECIAL INSTRUCTIONS: 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 your community. **This form DOES NOT register you as a voter, or allow you to change your political party. To register or change party, please obtain a mail-in registration form by calling 800-462-8683 or contact Registrar of Voters. You must register at least twenty (20) days prior to Federal, State, and Town Elections in order to vote.**

GENERAL INSTRUCTIONS: PLEASE PRINT

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

1. **RESIDENT ADDRESS** – If your resident address is incorrect, make the change in the space to the right of the incorrect address.
2. **PHONE NUMBER** – Please print and/or verify your phone number in the indicated space. If unlisted, put an “X” in the box next to the word “Unlisted”.
3. **DELETIONS** – Put a line through the name of any resident no longer residing at this address and list his/her new address. Use the blank lines at the bottom of the form to make any changes.
4. **POLITICAL PARTY** – “R” for REPUBLICAN, “D” FOR DEMOCRAT, “L” for LIBERTARIAN and “U” FOR UNENROLLED. All other letters represent political party designations. This reflects the information on file and can only be updated by completing the necessary voter registration or party enrollment change form.
5. **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 and information in the space provided on the form.
6. **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 in order to have the entire family listed together.
7. **GENDER M/F** – Should be “M” for Male or “F” for Female
8. **DATE OF BIRTH** – “MM = Month, DD = Day, YYYY = Year.” If your date of birth is blank or incorrect, please make appropriate changes.
9. **OCCUPATION** – Enter occupation, not place of employment.
10. **MOVED/DECEASED** – If this person has moved or is deceased, please indicate with an “M” or “D”.
11. **VETERAN** – Write a “Y” if you are a veteran of the U.S. Armed For
12. **PUBLIC SAFETY** – Check this box if you are a member of a public safety agency and WORK AND LIVE IN THIS COMMUNITY.
13. **NO. OF DOGS** – Number of dogs licensed to this individual.
14. **NATIONALITY** – If you are NOT a U.S. Citizen, please indicate your nationality
15. **SPOUSE OF DECEASED VETERAN**

IF YOU HAVE ANY QUESTIONS, PLEASE CALL REGISTRARS OF VOTERS AT (413) 499-9460

To return this form
Refold, insert into the provided return envelope and mail
Thank you for your cooperation