

**Town of Maynard  
Office of the Town Clerk  
195 Main Street  
Maynard, MA 01754**

**TOWN OF MAYNARD**  
IMPORTANT LEGAL DOCUMENT  
ANNUAL STREET LISTING

2026

## PRECINCT

**IMPORTANT:** General Laws of Massachusetts require that you be sent an annual street listing form in January of each year. Please update and correct the information provided by adding, deleting or making changes below the printed information. You are required to sign and return the form in the enclosed envelope within ten (10) days, even if no changes are necessary. For assistance contact the Town Clerk's office at [clerk@townofmaynard.net](mailto:clerk@townofmaynard.net) or (978)-897-1300.

**Mailing Address:**

**FOR RESIDENT(S) AT:**

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. (M.G.L. Ch. 51, § 4c)

**YOU CAN NOT USE THIS FORM TO REGISTER TO VOTE OR CHANGE YOUR PARTY AFFILIATION**

Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Phone Number: \_\_\_\_\_

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**SIGNATURE OF RESPONDENT**

*Signed under penalties of perjury as prescribed by M.G.L.ch.56 §4*

EmailAddress: \_\_\_\_\_

\*\* DOG LICENSE RENEWAL IS ON THE REVERSE OF THIS FORM \*\*

**VOTER:**

If an asterisk \* appears in this column you are a registered voter. If nothing is listed, you are not a registered voter in Maynard. Returning your census keeps your voter status active.

**NAME:**

Check names for any spelling errors or changes.

**DATE OF BIRTH:**

If your date of birth is incorrect, please make appropriate changes.

**VETERAN:**

Place a 'Y' in the Veteran column if you are a U.S. Veteran.

**OCCUPATION:**

Please list job title, not place of employment.

**MOVED or**

Put a line through the person's name and enter an 'M' or a 'D'. If the person has moved, enter the new address in the next available line. The moved person must also sign a form.

**DECEASED:**

If you are not a citizen of the United States, please enter the country from which you have citizenship.

**NATIONALITY:**

To register to vote or change your party enrollment you must complete a NEW VOTER

REGISTRATION FORM in person, by mail, by the QR code on the right or online at:

[www.RegisterToVoteMA.com](http://www.RegisterToVoteMA.com)



If you have any questions, contact the Town Clerk's office at [clerk@townofmaynard.net](mailto:clerk@townofmaynard.net) or (978)-897-1300.

## 2026 DOG LICENSE APPLICATION

COMPLETE THIS FORM ONLY  
IF REGISTERING BY MAIL

- If you no longer own a previously registered dog, you must notify the Town Clerk's office to avoid future late fees and fines.
- Dog Licenses will not be processed without a current rabies certificate. Applications and fees will be returned if rabies certificate is expired and could result in additional late fees and/or fines.
- Dogs licensed on or after March 1st will be assessed a \$25.00 late fee.
- Tags and licenses will be mailed for those who provide a self-addressed stamped envelope.

Make check payable to the Town of Maynard and include a self-addressed, stamped envelope.

### DOG LICENSE FEES

<b>Spayed/Neutered</b>	<b>Intact</b>	<b>Owners- Age 70+</b>
<b>\$10.00</b>	<b>\$15.00</b>	<b>No Fee</b>

Name of Owner

Mailing Address

Email Address

Phone Number

Veterinarian Office Name

Veterinarian Phone Number

### Dog # 1

Name	Breed	<input type="checkbox"/> Male \$15
		<input type="checkbox"/> Neutered \$10
		<input type="checkbox"/> Female \$15
		<input type="checkbox"/> Spayed \$10
		<input type="checkbox"/> No Longer own

### Dog # 2

Name	Breed	<input type="checkbox"/> Male \$15
		<input type="checkbox"/> Neutered \$10
		<input type="checkbox"/> Female \$15
		<input type="checkbox"/> Spayed \$10
		<input type="checkbox"/> No Longer own

### Dog # 3

Name	Breed	<input type="checkbox"/> Male \$15
		<input type="checkbox"/> Neutered \$10
		<input type="checkbox"/> Female \$15
		<input type="checkbox"/> Spayed \$10
		<input type="checkbox"/> No Longer own

### Dog # 4

Name	Breed	<input type="checkbox"/> Male \$15
		<input type="checkbox"/> Neutered \$10
		<input type="checkbox"/> Female \$15
		<input type="checkbox"/> Spayed \$10
		<input type="checkbox"/> No Longer own



[www.townofmaynard-ma.gov](http://www.townofmaynard-ma.gov)