
We, a majority of the Registrars of Voters, certify to the best of our knowledge that the signature on the reverse appears to be genuine and that we believe this applicant is a registered voter, or otherwise eligible to vote, in

_____ .
Ward *Precinct*

Return to City or Town Clerk or Election Commission. Fold along dotted line and close with tape for mailing.

name

number and street

_____, MA
city or town *zip code*

Place First Class Stamp Here

City or Town Clerk or Election Commission

City or Town Hall

, MA

YOUR CITY OR TOWN

ZIP CODE FOR CITY OR TOWN HALL