

## **OBTAINING A RESIDENT CARD**

- 1- If you rent, we need to see a copy of your lease AND a notarized letter from the landlord that states the address and the names of the people living there. Letter must also include Landlord's contact phone number and address. (\*be advised the Town of Milford has a Maximum Occupancy Bylaw) ALL OWNERS OF RENTAL PROPERTY IN THE TOWN OF MILFORD MUST BE IN COMPLIANCE WITH THE TOWN OF MILFORD'S MAXIMUM OCCUPANCY BY-LAW. IF YOU ARE NOT IN COMPLIANCE, A RESIDENCY CARD WILL NOT BE ISSUED. BOARD OF HEALTH WILL CERTIFY COMPLIANCE.
- 2- If you own the home, we need to see your purchase in sales agreement, or a "field card" from the assessors office that lists the owners of the home. (\*be advised the Town of Milford has an Occupancy Bylaw)
- 3- There is no fee for the resident card (for school purposes only).
- 4- There is a **\$10.00 fee** for the birth certificate (if needed), **made payable in cash or money order only**.
- 5- We DO NOT accept personal checks, debit or credit cards in our office-**you will need to bring cash or money order**.
- 6- We will give you a form to list all residents in the household, and their dates of birth-we input this list into the computer and process the resident card when proper evidence is given (\*you are required to notify this office and the school of any address changes).
- 7- Please provide photo identification with this form.

Any other questions, you can call the office at (508) 634-2307.

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### Town of Milford Occupancy By-Law (Article 37) \*sections that apply to this form\*

#### **SECTION 1. Definitions.**

As used in this Article, the following terms shall have meanings indicated:

PERSON- The owner of any building and the owner's agent and employees and includes an individual, partnership, corporation, trust or association.

TENANT – Tenants, lessee, holder of a lease and any licensee or invitee of such tenant, and includes an individual, partnership, corporation, trust or association.

#### **SECTION 2. Certificate of Registration Required; Posting.**

No person shall rent or lease, offer to rent or lease, or make or have available for rent or lease any building or any portion of a building to be used for human habitation without first registering with the Board of Health, which shall determine the number of persons such building or portion of a building may lawfully accommodate under the provisions of the Massachusetts State Sanitary Code and applicable Board of Health Regulations, and without first also conspicuously posting within such building or portion of a building a Certificate of Registration provided by the Board of Health specifying the number of persons such building or portion of a building may lawfully accommodate. This provision shall not apply to units or portions of buildings which are occupied by the record owner

#### **SECTION 3. Number of Persons Restricted.**

No tenant shall lease, rent, or occupy any building or any portion of a building subject to the provisions of this chapter if, at the time of such lease, rental or occupancy, the number of persons occupying such building or portion of a building exceeds the number of persons authorized to occupy such building or portion of a building by a certificate of registration, if issued and posted, the number of persons that may be lawfully accommodated as determined by the Board of Health under the Massachusetts State Sanitary Code

#### **SECTION 6. Penalty.**

Any person or tenant violating any provision of this chapter shall be punished by a fine of not more than three hundred dollars (\$300.00). Each day's violation constitutes a separate offense.

**AFFIDAVIT OF RESIDENCY**  
**Proof of Residency & Change of Address Form for Voters**

Board of Registrars/Town Clerk  
Town Hall, 52 Main Street, Room 12  
Milford, MA 01757

Date: \_\_\_\_\_

Please change my address from: \_\_\_\_\_  
(old address in Milford)

to: \_\_\_\_\_  
(new address in Milford- street and/or apt. #)

Mailing address if different: \_\_\_\_\_

**\*\*Please be advised that the Town of Milford has an Occupancy By-Law\*\* (on reverse)**

**Please Print:**

<u>Name</u>	<u>Date of Birth</u>	<u>Sex (circle)</u>	<u>Phone #</u>
1. _____	___/___/___	M – F	( ) ___ - ___
2. _____	___/___/___	M – F	( ) ___ - ___
3. _____	___/___/___	M – F	( ) ___ - ___
4. _____	___/___/___	M – F	( ) ___ - ___
5. _____	___/___/___	M – F	( ) ___ - ___
6. _____	___/___/___	M – F	( ) ___ - ___
7. _____	___/___/___	M – F	( ) ___ - ___
8. _____	___/___/___	M – F	( ) ___ - ___
9. _____	___/___/___	M – F	( ) ___ - ___
10. _____	___/___/___	M – F	( ) ___ - ___

**Signed:** \_\_\_\_\_ (\*\*By owner of home or landlord)

**\*This form MUST accompany lease and notarized letter from landlord if you rent; purchase in sales agreement or field card if you own the home\*\***

**PLEASE PRESENT A PHOTO ID  
WHEN SUBMITTING THIS FORM**