

Stoughton Town Meeting Representative Information

You can return this form to the Town Clerk's Office at Town Hall 10 Pearl Street
or you can complete it online at: www.stoughton.org/town-meeting

Name as Listed on Ballot: _____

Precinct: _____ **Preferred Name:** _____

Title: Mr. Ms. Mrs. Mx. Dr. Other: _____

Pronouns: She/Her He/Him They/Them Other: _____

Name Pronunciation Notes:

First Name: _____ Last Name: _____

For contacts from Town Moderator, Precinct Chair, Committee Chairs, and other Town Officials, please provide answers to all sections below. Check the ones that are your preferred method(s) of contact. Note: You may still receive official messages by other means than the ones you check.

Phone Call: _____ *circle: cell / landline*
 Text Message: _____
 Email: _____
 Paper Mail: _____

For contacts from the public / constituents, please provide the ways of contact you would like listed on the website. Note: If you do not provide any information below, your address as listed on the ballot will be listed on the website as contact information.

Phone Call: _____ *circle: cell / landline*
 Text Message: _____
 Email: _____
 Paper Mail: _____

Any accommodations needed for your full participation in Town Meeting? Yes No

Please elaborate: _____

Check if Applicable: I would appreciate a contact from my precinct chair regarding some of the above information.