Commonwealth of Massachusetts
Executive Office of Public Safety
Sex Offender Registry Board

Post-Classification Address Audit of Registered Sex Offender

Name (Last, First, MI)	SON

Type of Address Verified	How Was Verification Made
☐ Primary Address	☐ In Person
☐ Secondary Address	☐ 3rd Party
☐ Work Address	Name and Relationship to Offender
☐ School Address (College or University)	_____
☐ Vacation Home	☐ Review of Documents
☐ Other (Specify) _____	☐ Other

Verified Address Number and Street	Apt/Bldg/Lot/Space #

City or Town	State	ZIP

Comments

Signature of Verifying Officer

Name of Verifying Officer	Badge Number

Department	Date Verified

FOR OFFICIAL USE ONLY

SOR Form 200 (August/2004)

Please retain the original signed form for your department's file, and send a copy to the Sex Offender Registry Board at Post Office Box 4547, Salem, MA 01970