```
<!DOCTYPE html>
  <html>
2
   <head>
3
      <!--
4
         JavaScript 6th Edition
5
         Chapter 6
6
         Hands-on Project 6-1
7
8
         Author: Dylan S
9
         Date:
                 4/1/2019
10
11
         Filename: index.htm
12
13
      <meta charset="utf-8" />
14
      <meta name="viewport" content="width=device-width, initial-scale=1.0">
15
      <title>Hands-on Project 6-1</title>
16
      <link rel="stylesheet" href="styles.css" />
17
      <script src="modernizr.custom.65897.js"></script>
18
   </head>
19
20
   <body>
21
      <header>
22
         <h1>
23
            Hands-on Project 6-1
24
         </h1>
25
26
      </header>
27
      <article>
28
         <h2>Personal Information</h2>
29
         <form action="results.htm" novalidate>
30
           <div id="errorText"></div>
31
           <div id="numErrorText"></div>
32
           <fieldset id="contactinfo">
33
              <label for="addrinput">
34
                Street Address
35
              </label>
36
              <input type="text" id="addrinput" name="Address" required="required"</pre>
37
   placeholder="number and street name" />
             <label for="cityinput">
38
                City
39
              </label>
40
              <input type="text" id="cityinput" name="City" required="required" />
41
              <label for="stateinput">
42
                State/Province
43
              </label>
44
              <input type="text" id="stateinput" name="State" required="required" />
45
              <label for="zipinput">
46
                Zip/Postal Code
47
              </label>
48
              <input type="number" id="zipinput" name="Zip" required="required" />
49
             <label for="ssn1">
50
                Social Security Number
51
              </label>
52
              <input type="number" id="ssn1" name="SSN1" class="ssn" maxlength="3"</pre>
53
   required="required" />
             <label for="ssn2" id="ssn2label">
54
                Social Security Number (continued)
55
              </label>
56
              <input type="number" id="ssn2" name="SSN2" class="ssn" maxlength="2"</pre>
57
   required="required" />
             <label for="ssn3" id="ssn3label">
58
                Social Security Number (end)
59
              </label>
60
              <input type="number" id="ssn3" name="SSN3" class="ssn" maxlength="4"</pre>
61
   required="required" />
```

```
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                                                            index.htm
   62
               </fieldset>
               <fieldset id="submitsection">
   63
                 <input type="submit" id="submitBtn" value="Submit" />
   64
               </fieldset>
   65
           </form>
   66
   67
         </article>
   68
         <script src="script.js"></script>
   69
      </body>
   70
   71
72
      </html>
```