

**TOWN OF GORHAM
BOSTON POST CANE RECIPIENT
NOMINATION FORM**

Name of Nominee: _____ Maiden Name: _____

Nominee's address: _____

Nominee's Date of Birth: _____ Telephone Number: _____

Dates of Residency: _____

Name of Nominator: _____ Relationship: _____

Address: _____

Telephone Number: _____ E-mail Address: _____

Please submit the completed form with any supporting documents to:

Town of Gorham
Attn: Town Clerk
75 South Street, Suite 1
Gorham, ME 04038

E-Mail: Inordfors@gorham.me.us

Received supporting documentation.