

THE BOSTON POST CANE NOMINATION FORM
Scarborough, Maine

Name of Nominee: _____

Nominee's address: _____

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

Year Nominee became a Scarborough Resident: _____

Please attach supporting documentation when submitting form.

Name of Person
Making Nomination: _____

Address: _____

Telephone Number: _____ E-mail Address: _____

Please forward completed form and attachments to:

Scarborough Town Clerk's Office
Boston Post Cane Committee
P.O. Box 360
Scarborough, ME 04070-0360
Telephone: 207-730-4020
Fax: 207-730-4033