

**BOSTON POST CANE NOMINATION FORM
SOUTHWEST HARBOR, MAINE**

Name of Nominee: _____

Nominee's Address: _____

Nominee's Telephone Number: _____

Date of Birth: _____ Year Became a Resident: _____

Please attach supporting documentation when submitting this form.

Name of Person or Organization Making this Nomination:

Address: _____

Telephone: _____ e-mail: _____

**Send To: Boston Post Cane Committee
Town Clerk's Office
Town of Southwest Harbor
PO Box 745
Southwest Harbor, ME 04679**

Telephone: (207) 244-5404