

**BOSTON POST CANE NOMINATION APPLICATION
TOWN OF TOPSHAM MAINE**

CANDIDATE INFORMATION

Name:

Date of Birth:

Residency Address:

Residency Start Date:

Current Address:

Residency End Date

Please include a brief biography on a separate page.

***Please attach a copy of birth certificate and documentation supporting length of residency**

NOMINATOR INFORMATION

Name:

E-Mail Address:

Address:

City/State/Zip:

Phone Number:

Relationship to Candidate:

SUBMISSION

***Please submit this form and attachments to:**

Town Clerk's Office
100 Main Street
Topsham, ME 04086
ldumont@topshammaine.com

For Office Use Only

Date Received: _____

Received by: _____