



# BOSTON POST CANE NOMINATION TOWN OF GRAY MAINE

**For Office Use Only**

Date Received: \_\_\_\_\_

Received by: \_\_\_\_\_

## CANDIDATE INFORMATION

Name		Date of Birth*	
Residency Start Date*		Residency End Date*	
Residency Address			
Current Address			
Comments			

\* Please attach a birth certificate and documentation supporting length of residency when submitting this form.

## NOMINATOR INFORMATION

Name		E-Mail Address	
Street Address		City/State/Zip	
Phone Number		Alternate Phone	
Relation to Candidate			

## SUBMISSION

Please submit this form and attachments to:

**Town Clerk's Office**  
**Henry Pennell Municipal Complex**  
**24 Main Street**  
**Gray, ME 04039**  
[admin@graymaine.org](mailto:admin@graymaine.org)