Approval Date: 9/7/2017

TOWN OF KENNEBUNKPORT BOSTON POST CANE RECIPIENT NOMINATION CHECKLIST

Name of Nominee:		Maiden Name: _	
Nominee's Date of Birth:	T	elephone Number:	
Dates of Residency Reported:		_ Nominator Name:_	
Items confirmed by the Town Clerk	c's Office w	hich can be used	to determine eligibility.
Part 1 - Age Verification			
Qualifying Questions	YES / NO	ID # / Document	Time span / Misc. Notes
Were they born in Kennebunkport / Is the Birth Certificate on file?			
Have they been residents of Kennebunkport for the past 20 years?			
Are they registered to Vote in Kennebunkport?			
Part 2	the applica - Residence	cy Verification	
Please complete at least one of the	se question	s and record the his	storic information below.
Do they own, rent or reside at a property in Town? If so, what is the street address?			
Have they had cars registered in the past?			
Have they served on Town Committees?			
Do they have a MOSES ID tied to Kennebunkport?			
Additional Information:			
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Date received: Town	Clerk's Sign	ature:	