



TOWN OF BOW

Office of the Board of Selectmen

10 Grandview Road, Bow, New Hampshire 03304

Phone (603) 223-3910 | Website www.bownh.gov

NOMINATION FORM

Bow's Boston Post Cane

NOMINATIONS DUE BY October 31, 2024

Today's date: _____

NOMINEE INFORMATION

Name: _____

Age: _____ Date of Birth: _____

Year nominee became a Bow resident (*if there is a gap in residency, please explain*):

Phone: _____

Address: _____

Has Bow been the Nominee's legal domicile for at least the past 12 consecutive years? (*for example, registered to vote in Bow, able to register to vote in Bow, or registers their vehicle in Bow*)? ____ Yes ____ No

PERSON MAKING THE NOMINATION

__ Self (same contact information as above)

Name of person filling out this form (if other than self): _____

Address: _____

Phone: _____ Email: _____

COMMENTS: Please use the back of the form for any additional comments.

ELIGIBILITY CRITERIA: The recipient must be the oldest in Town, based on the information provided as part of the application period. There is no minimum age requirement; however, the recipient must be a resident of Bow and be domiciled in Bow, as defined by the State, for at least the previous 12 consecutive years. *Adopted by the Board of Selectmen, May 2017.*

Thank You for Your Nomination!

PLEASE RETURN THE COMPLETED FORM TO: Town of Bow, Boston Post Cane Search Committee, 10 Grandview Road, Bow NH 03304. Email to tlindquist@bownh.gov.