Mailbox Damage Claim

CLAIMANT:

Name: _____

Mailing Address: _____
_____
_____

Daytime Telephone: _____

Damage Claim Incident-please describe the incident- include street address location, occurrence date and type of mailbox damaged, photographs recommended **Claimant must provide evidence that the damage occurred from being hit by a snow plow or other town-owned vehicle (not from discharged snow):**_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

Cost of replacement-**Replacement claim limited to $200.00:(Please attach receipt)**
_____
_____
_____
_____
_____

Signature of Claimant: _____

Date: _____