

MEDWAY BOARD OF SELECTMEN - ADOPTED POLICIES

12. MAILBOX POLICY

Adopted BOS meeting 9/17/01

Amended BOS Meeting 1/2/2018

The intent of this policy is to establish a uniform process to reimburse citizens for mailbox damage to due snow removal operations performed by the Town.

The Town's primary obligation is to ensure that its roadways are kept free of snow and ice. It is also understood that most mailboxes are located inside the public right of way, and therefore, damage to them is often unavoidable for various reasons. Therefore, this policy assumes there is a shared responsibility between the Town and the homeowner when mailboxes are damaged during snow removal operations.

Any citizen may file a mailbox damage claim with the Town. Such claims shall be submitted in writing and within thirty (30) days from the date of the alleged damage. Upon investigation of the circumstances involved, the Town may authorize a flat reimbursement of \$50.00 one-time per year. This amount is intended to cover any and all damages to the mailbox, post and brackets. No reimbursement in excess of \$50.00 shall be provided, regardless of the location, size, original cost or elaborateness of the mailbox and post.

This policy is effective as of November 1, 2001, and shall remain in place until rescinded or modified by the Board of Selectmen.

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Mailbox Reimbursement Request

I _____ of _____
(address), Medway hereby request reimbursement for damages caused to my mailbox and related fixtures caused by snow removal operations on _____ (date).

Describe damages:

I understand the Town has a right to review this claim, and may reimburse me \$25.00 for damages to the mailbox, post and brackets. No reimbursement shall exceed \$25.00 regardless of the location, size, original cost or elaborateness of the mailbox, post and brackets.

This claim must be submitted within thirty (30) days of the date of the alleged damage.

Submit to: Town Administrator, 155 Village Street, Medway, MA 02053

I affirm the above statement is true to the best of my knowledge and belief.

_____ (Signature)

_____ (Date)

For Town Use

Date Received: _____

Reviewed By: _____
Department of Public Services

Reviewed By: _____
Police Department

Recommended Action: _____
Town Administrator

cc: Department of Public Services Director
Chief of Police