



Mailbox Damage Report Form

*Claim must be submitted within 48 hours of incident

Complainant Name: _____

Mailbox Address: _____

Telephone Number: _____

Date/Time Damage Alleged to have Occurred: _____

Explanation of Damage: _____

Date / Time Complaint Received in Town Clerk's Office: _____AM/PM



To be completed to Town Employee:

Inspection Date / Time: ____/____/____ _____AM/PM

Determination Made: Repair Don't Repair

Denied Reason: _____

Signature of Highway Superintendent or Designee: _____

Repair Date / Time: ____/____/____ _____AM/PM

Determination Made: Permanent Repair/Replacement

 Temporary Repair Until Spring / Thaw

Signature of Employee Completing Repair: _____

Signature of Highway Superintendent: _____

Date Town Clerk Follow-up with Complainant: ____/____/____