



Town of Wrentham Mailbox Damage Report

Name:	
Address:	
Telephone:	
Email:	
Date Damage Occurred:	
Description of Damage: <i>Photos of damaged mailbox must be included.</i>	

I hereby request reimbursement for damages caused to my mailbox and related fixtures caused by snow removal operations. I understand that the Town has the right to review this claim, and may reimburse me fifty dollars (\$50.00) for damages to the mailbox, post and/or brackets. I agree to provide photos of the damage with my claim.

Signature

Date

To be completed by the Town of Wrentham

Date Inspected:		<input type="checkbox"/> Approved
Inspected By:		<input type="checkbox"/> Denied
Findings:		

Town Manager Approval

Date

Return to Town Manager's Office within 72-hours of the damage occurring:
79 South Street Wrentham, MA 02093 | TMOffice@Wrentham.gov