

**TOWNSHIP OF CHATSWORTH
MAILBOX DAMAGE REIMBURSEMENT CLAIM FORM**

It is the policy of The Township of Chatsworth to reimburse residents up to \$50.00 damage to mailboxes **from direct plow contact**.

DATE _____
NAME _____
ADDRESS _____
HOME PHONE _____
CELL PHONE _____
DATE OF MAILBOX DAMAGE _____
APPROXIMATE TIME OF MAILBOX DAMAGE _____

DAMAGE IS TO:
MAILBOX RECEPTICLE ONLY _____
POST ONLY _____
BOTH _____

PLEASE PROVIDE A DESCRIPTION OF THE MAILBOX DAMAGE

PLEASE ATTACH A RECEIPT FOR REPAIR TO YOUR MAILBOX. IN ADDITION, PLEASE ATTACH ANY EVIDENCE SUPPORTING YOUR CLAIM I.E. PHOTOS OR ANY OTHER EVIDENCE THAT YOU FEEL PROVES THE VILLAGE IS RESPONSIBLE FOR THIS DAMAGE.

Office Use Only:

Reasons For

Approved: _____

Denied: _____

Reason: _____

Employee Signature: _____

Written Response sent (Date): _____