



Richmond, MA
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: _____