



Mailbox Repair or Replacement Policy

It is the Town's policy to replace a mailbox struck by a Town vehicle if the mailbox was mounted on a sturdy post and located according to U.S. Postal Service standards. The post office will not deliver mail until the mailbox is replaced. Mailbox installation standards are summarized as follows:

- The box should be 3 1/2 to 4 feet from ground level to the bottom of the box.
 - The face of the box should be flush with the back of the curb or set back 6 to 12 inches from the edge of the road.
 - All mailboxes should have a handle, a flag, and the house number on the right hand side as you face it from the street.
 - Customers must keep the approach to their mailbox clear of obstructions to allow safe access for delivery. If USPS employees are impeded in reaching a mail receptacle, the Postmaster may withdraw delivery service.
 - Curbside mailboxes must be placed to allow safe and convenient delivery by carriers without leaving their vehicles.
- A. In the event that a mailbox or post is damaged by direct impact from a snow plow, the Town will reimburse the owner up to a maximum of \$150 per occurrence. The cost of labor is not reimbursable. A report of damage must be made to the Town's Public Works Department within 48 hours of an occurrence. A Mailbox Damage Claim Form shall then be submitted to the Town Attorney's office by the claimant.
- B. All claims submitted for damages in excess of \$150.00 shall be referred to CIRMA, the Town's third party insurance administrator. The Town Attorney's office will process all claims under \$150.00. The Town Attorney's office will promptly investigate all reports and will advise the resident or taxpayer of the decision to reimburse the cost of the mailboxes and/or post within thirty days of receipt of the claim. Receipts for a new mailbox and/or post must be submitted to the Town Attorney's Office prior to reimbursement.
- C. The Town Attorney's office is authorized to interpret this policy and make reasonable decisions in order to equitably resolve unique situations.



MAILBOX DAMAGE CLAIM FORM

Date Reported: _____

Last Name,

First Name

Street, No. Town

Phone

Date of Incident: _____

Description of damage:

Signature

Date Signed

For Official Use

Approved for Payment _____

Amount of Payment \$ _____

Account #20005470 69015 MSIP Fund Property Deductible

DENIED _____

REASON _____
