



Mailbox Repair or Replacement Policy

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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 \$225.00 per occurrence. The cost of labor is not reimbursable.

A Mailbox Damage Claim Form must be submitted to the Town Attorney's office within thirty (30) calendar days of the occurrence.

B. All claims submitted for damages in excess of \$225.00 shall be referred to CIRMA, the Town's third party insurance administrator. The Town Attorney's office will process all claims under \$225.00. 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.

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.



MAILBOX DAMAGE CLAIM FORM

Date Reported: _____

Last Name,

First Name

Street, No. Town

Phone

Date of Incident: _____

Description of damage (please provide photographs):

FOR OFFICIAL USE ONLY

Approved for Payment _____

Amount of Payment \$ _____

Account #20005470 69015 MSIP Fund Property Deductible

DENIED _____

REASON _____
