

WOODFORD COUNTY HIGHWAY DEPARTMENT

MAILBOX DAMAGE CLAIM FORM

Date: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Email: _____

Address / Location of Damaged Mailbox: _____

Description and Cause of Damage: _____

Amount of Reimbursement Requested (up to a maximum of \$75.00): \$ _____ (receipts must be attached)

Signed: _____
Owner

_____ Date

Approved: _____
Conrad Moore, P.E. - Woodford County Engineer

_____ Date

Mailbox damage must be reported within three (3) days to be eligible for reimbursement.