

# 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.***