

Mailbox Damage Report Form

Please fill out this form to report damage to your mailbox. Once completed, print this form and submit it to the local municipal office or public works department.

Citizen Contact Information

Full Name:

Street Address:

City, State, Zip Code:

Phone Number:

Email Address:

Incident Details

Date of Incident (MM/DD/YYYY):

Approximate Time of Incident (e.g., 2:30 PM):

Exact Location of Mailbox (if different from address above):

Suspected Cause of Damage (e.g., snowplow, passing vehicle, vandalism):

Description of Damage:

Official Use / Signature

By signing below, you certify that the information provided is true and accurate to the best of your knowledge.

Citizen Signature (Sign after printing):

Date Signed (MM/DD/YYYY):