

MAILBOX CLAIM FORM

City of Warrenville, 28W701 Stafford Place, Warrenville, IL 60555-3002

Phone 630.393.9427

FAX 630-393-1531

Attn: Cristina White - Assistant City Administrator



| | | | | |
|----------------------|---------|--|--------|--|
| Claimant Information | Name | | Cell # | |
| | Address | | Home # | |
| | e-mail | | Work # | |

| | | |
|--------------------------|---------|--|
| Incident Time & Location | Date | |
| | Address | |
| | Owner | |

| | | | | |
|--|---------|--|--------|--|
| Owner of Premises (If other than Claimant) | Name | | Cell # | |
| | Address | | Home # | |
| | City | | Work # | |
| | e-mail | | | |

| | | |
|-----------------------------|--|--|
| Nature and Extent of Damage | | |
| | | |
| | | |

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|-----------|---------|--|--------|--|
| Witnesses | Name | | Cell # | |
| | Address | | Home # | |
| | e-mail | | Work # | |

| | | |
|---|--------------------------|---|
| Repair or Replacement Options | <input type="checkbox"/> | I would like the City of Warrenville to repair/replace my mailbox with and "in-kind" mailbox. |
| | <input type="checkbox"/> | I will install my own replacement mailbox and would prefer to be reimbursed the amount (not to exceed \$100.00) designated on the attached receipt(s).* |
| | <input type="checkbox"/> | I will/have repaired or replaced my mailbox and want a record of this on file.* |
| * Mailbox damage must be verified by City prior to repair to qualify for reimbursement. | | |

I understand that if the City deems my mailbox damage to have been caused by a City snowplow I may choose to have my mailbox repaired or replaced by the City or be reimbursed for the cost of my repair/replacement "in-kind" mailbox in an amount not to exceed \$100.00 I further understand that I have 30 days after the event in which to file a claim for repair/replacement of my mailbox.

Report Date _____ Name _____ Signature _____