



Department of Public Works
Mailbox Damage Claim Form

Name:

Street Address:

City: Auburn Hills

State: MI

Zipcode: 48326

Date of Incident:

Time of Incident:

Description of Incident:

Description of Damage:

_____ I Request Generic Replacement of My Mailbox

_____ I Request Reimbursement of My Mailbox (Up to \$210) - My Receipt is Attached

Petitioner Signature

Date

For Office Use Only:

_____ Approve

_____ Deny

DPW Director Signature

Date

Check Request Number

Date