



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 _____