Mailbox Repair or Replacement Policy

It is the Town’s policy to replace a mailbox struck by a Town vehicle if the mailbox was mounted on a sturdy post and located according to U.S. Postal Service standards. The post office will not deliver mail until the mailbox is replaced. Mailbox installation standards are summarized as follows:

- The box should be 3 1/2 to 4 feet from ground level to the bottom of the box.
- The face of the box should be flush with the back of the curb or set back 6 to 12 inches from the edge of the road.
- All mailboxes should have a handle, a flag, and the house number on the right hand side as you face it from the street.
- Customers must keep the approach to their mailbox clear of obstructions to allow safe access for delivery. If USPS employees are impeded in reaching a mail receptacle, the Postmaster may withdraw delivery service.
- Curbside mailboxes must be placed to allow safe and convenient delivery by carriers without leaving their vehicles.

A. In the event that a mailbox or post is damaged by direct impact from a snow plow, the Town will reimburse the owner up to a maximum of $150 per occurrence. The cost of labor is not reimbursable. A report of damage must be made to the Town’s Public Works Department within 48 hours of an occurrence. A Mailbox Damage Claim Form shall then be submitted to the Town Attorney’s office by the claimant.

B. All claims submitted for damages in excess of $150.00 shall be referred to CIRMA, the Town’s third party insurance administrator. The Town Attorney’s office will process all claims under $150.00. The Town Attorney’s office will promptly investigate all reports and will advise the resident or taxpayer of the decision to reimburse the cost of the mailboxes and/or post within thirty days of receipt of the claim. Receipts for a new mailbox and/or post must be submitted to the Town Attorney’s Office prior to reimbursement.

C. The Town Attorney’s office is authorized to interpret this policy and make reasonable decisions in order to equitably resolve unique situations.
MAILBOX DAMAGE CLAIM FORM

Date Reported: ______________________

__________________________________________
Last Name, ___________________________ First Name ________________________________

__________________________________________
Street, No. Town ________________________________

__________________________________________
Phone ________________________________

__________________________________________
Date of Incident: ________________________________

__________________________________________
Description of damage: ________________________________

__________________________________________
Signature ________________________________ Date Signed ________________________________

For Official Use

Approved for Payment ________________________________

Amount of Payment $ ________________________________

Account #20005470 69015 MSIP Fund Property Deductible

DENIED __________

REASON ________________________________