

**Town of Pembroke
Mail / Newspaper Box
Reimbursement Request Form**

I _____ of _____ (address),
Pembroke hereby request reimbursement for damages caused to my mailbox and
related fixtures caused by snow removal operations on _____ (date).

Describe damages:

This claim must be submitted within (7) seven days of the date of the alleged damage.

Submit to: Public Works Director, 311 Pembroke Street, Pembroke, NH 03275

I affirm the above statement is true to the best of my knowledge and belief. I understand the Town has a right to review this claim, and may reimburse me \$25.00 for damages to the mailbox, post and brackets. No reimbursement shall exceed \$25.00 regardless of the location, size, original cost or elaborateness of the mailbox, post and brackets. I agree to accept \$25.00 as full and complete compensation for the damage to the mail / newspaper box. I also acknowledge I will be paid in the normal payment cycle of the Town of Pembroke which may be thirty (30) days from this date and if my mail / newspaper box is replaced with substandard materials, the Town of Pembroke may deny any and all future claims.

(Signature)

(Date)

For Town Use Only

Date Received: _____

Reviewed By: _____

Public Works Director Approval: _____