

**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:

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

***Submit to:*** Public Works Director, 8 Exchange 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)

\_\_\_\_\_  
(Phone Number)

**For Town Use Only**

Date Received: \_\_\_\_\_

Reviewed By: \_\_\_\_\_

Public Works Director Approval: \_\_\_\_\_