

TOWNSHIP OF COLTS NECK

MAILBOX DAMAGE CLAIM

Name of Claimant: _____

Address: _____

Phone: _____ (home) _____ (cell)

Email Address: _____

Date and time of damage: _____

Exact location of mailbox damage (street address, or nearest cross street): _____

Amount of damages sought (maximum of \$100): _____

Name and addresses of all persons involved (if known): _____

Explanation of what happened/description of damage (use additional sheet if necessary): _____

Claimant Signature: _____ Date: _____

Attach photographs of damage for repairs in reference to this claim.

Failure to submit a photograph will result in denial of the claim. Mail this form and your documents to:

**Township of Colts Neck
Department of Public Works
124 Cedar Drive
Colts Neck, New Jersey 07722**

Upon receipt of a Mailbox Damage Claim the Director of Public Works or designee shall investigate the alleged claim to determine if the damage was caused by the plow blade, vehicle itself and/or thrown snow coming off the plow. Upon a determination that the damage was caused by the plow blade, vehicle and/or thrown snow coming off the plow the homeowner will be reimbursed in an amount not to exceed \$100 upon submission of an itemized receipt for the cost of the new mailbox and/or post.

Disclaimer: The Township of Colts Neck is not admitting to any liability for the damages sustained to your mailbox during snow removal based upon the review or payment of your claim. Upon receipt of your claim, The Department of Public Works will investigate the issue and you will be notified of the approval or denial of your claim. Your claim must be submitted with 90 days of the loss. Failure to submit your claim in a timely manner will result in the denial of your claim.