

MAILBOX CLAIM FORM

City of Warrenville, 28W701 Stafford Place, Warrenville, IL 60555-3002

Phone 630.393.9427

FAX 630-393-1531

Attn: Cristina White - Assistant City Administrator



Claimant Information	Name		Cell #	
	Address		Home #	
	e-mail		Work #	

Incident Time & Location	Date	
	Address	
	Owner	

Owner of Premises (If other than Claimant)	Name		Cell #	
	Address		Home #	
	City		Work #	
	e-mail			

Nature and Extent of Damage		

Witnesses	Name		Cell #	
	Address		Home #	
	e-mail		Work #	

Repair or Replacement Options	<input type="checkbox"/>	I would like the City of Warrenville to repair/replace my mailbox with and "in-kind" mailbox.
	<input type="checkbox"/>	I will install my own replacement mailbox and would prefer to be reimbursed the amount (not to exceed \$100.00) designated on the attached receipt(s).*
	<input type="checkbox"/>	I will/have repaired or replaced my mailbox and want a record of this on file.*
	*	Mailbox damage must be verified by City prior to repair to qualify for reimbursement.

I understand that if the City deems my mailbox damage to have been caused by a City snowplow I may choose to have my mailbox repaired or replaced by the City or be reimbursed for the cost of my repair/replacement "in-kind" mailbox in an amount not to exceed \$100.00 I further understand that I have 30 days after the event in which to file a claim for repair/replacement of my mailbox.

Report Date _____ Name _____ Signature _____