



MAILBOX & POST DAMAGE NOTIFICATION FORM

NAME:		ADDRESS:	
DATE OF NOTIFICATION:	TIME OF NOTIFICATION	TELEPHONE NUMBER:	
LOCATION:			
DESCRIPTION OF DAMAGE:			

DATE OF DAMAGE:	TIME OF DAMAGE:	ESTIMATED COST OF DAMAGE	DRIVER:	TRUCK #
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FIRST OBSERVED DAMAGE: _____ DATE: _____ TIME: _____

CONDITIONS BEFORE DAMAGE (CIRCLE SIZE OF MAILBOX AND POST)

<u>BOX SIZE</u>	<u>BOX CONDITION</u>	<u>POST</u>
SMALL	LIKE NEW	LIKE NEW
MEDIUM	GOOD	GOOD
LARGE	MODERATE	MODERATE
	POOR	POOR

CHECK ONE:

- I agree that the Town of Plainfield Department of Public Works will repair or install a black mailbox equivalent in size to the damaged, on a 4"x4" treated post to replace the damaged mailbox and post described above.
- I agree to accept Seventy-five Dollars (\$75.00) as full and complete compensation for the damage to the mailbox and post described above. I agree that this amount is full compensation for my damages and agree to replace the damaged mailbox at my sole cost and expense.

I also acknowledge:

- a. The above amount will be paid in the normal payment cycle of the Town of Plainfield which may be thirty (30) days from this date; and
- b. if my mailbox is replaced with substandard materials, Town of Plainfield may deny claims later for damage to the replacement box.

I hereby certify under the penalties of perjury the following:

1. All information contained on this form is true and correct.
2. In the event it is determined that the facts contained herein are untrue, the Town may, after investigation, forward this claim to the Hendricks County Prosecutor for prosecution.

Dated this _____ day of _____, 20_____.

For Office Use	SIGNATURE
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Approved By	PRINTED NAME:
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