



DEPARTMENT OF PUBLIC WORKS

TOWN HALL

109 FRONT STREET

WINCHENDON, MASSACHUSETTS 01475

PHONE: AREA CODE (978) 297-0170

Reimbursement Claim for Mailbox Damage as a result of Snow Removal Operations

Date of damage: _____

Name: _____

Address: _____

Phone: _____ and/or Email: _____

Description of Occurrence:

Please submit completed form and receipt of purchase of mailbox replacement (and photo if available) to the Department of Public Works at the above address. Your claim will be reviewed and, if approved, a refund will be issued (maximum \$40). Thank you.

Signature of Claimant: _____

Brian Croteau, DPW Director: _____ Approved: Yes / No