



# Mailbox Damage Request for Reimbursement Form

IF ELIGIBLE FOR REIMBURSEMENT, the Town will reimburse \$35 toward the replacement of a mailbox.

Date & Time of Incident: \_\_\_\_\_

Resident Name (please print): \_\_\_\_\_

Resident Address: \_\_\_\_\_  
\_\_\_\_\_

Resident Phone Number: \_\_\_\_\_

Resident Signature: \_\_\_\_\_

Send Completed Form To: Town of Farmington, 9422 STH 144, Kewaskum, WI 53040  
For any questions, call 262-447-1018

**FOR OFFICE USE:**

Request to Reimburse: \_\_\_\_\_ Eligible \_\_\_\_\_ Not Eligible

Date Reviewed: \_\_\_\_\_

Signature of Authorizing Town Official: \_\_\_\_\_

Town Official's Title: \_\_\_\_\_

Date Paid: \_\_\_\_\_ Check Number: \_\_\_\_\_