



Mailbox Damage Request for Reimbursement Form

IF ELIGIBLE FOR REIMBURSEMENT, the Town will reimburse \$50 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 262-429-1087

FOR OFFICE USE:

Request to Reimburse: _____ Eligible _____ Not Eligible

Date Reviewed: _____

Signature of Authorizing Town Official: _____

Town Official's Title: _____

Date Paid: _____ Check Number: _____