

MAILBOX DAMAGE CLAIM FORM

City of Holstein



Complete this form and email to accountspayable@holsteinia.gov

Submitted by: _____

Address: _____

Phone: _____ Date: _____

1. Date and Time of Incident: _____

2. Location of Mailbox: _____

3. Description of Damage: _____

Signature: _____ Date: _____

(For office use only)

Department Comments: _____

☐ Approved ☐ Denied ☐ Site Reviewed ☐ Mailbox Install/Location Approved

Public Works Director Date

City Administrator Date