

**EAST MANCHESTER TOWNSHIP
CLAIM FOR MAILBOX DAMAGE**

Name of Claimant: _____

Address: _____

City/State/Zip: _____

Date and Time of Loss: _____

Home Phone: _____ Cell Phone: _____

Email: _____

PICTURES OF THE DAMAGED MAILBOX ARE REQUIRED

Additional Comments:

Claimant Signature:

_____ Date: _____

Mail, email, fax or drop off this form to:

**East Manchester Township
5080 N. Sherman Street, Extd.
Mt. Wolf, PA 17347
717-266-4279 Fax: 717-266-0429**

Disclaimer: East Manchester Township is not admitting to any liability for damages sustained to your mailbox during snow removal based upon the review or payment of your claim. Upon receipt of your claim, Public Works will investigate the issue and or will be notified of the approval or denial of your claim. Your claim must be submitted within 48 hours of the loss. Failure to submit your claim within this time period will result in the denial of your claim. Damages resulting from snow coming off of the plow is not an approvable claim.