

Bellingham

Snow Removal Operations

Mailbox Damage Policy

The intent of this policy is to establish a uniform process to reimburse residents for mailbox damage due to snow removal operations performed by the Town.

The Town's primary obligation is to keep public travel ways clean and passable during snow and ice events. Most mailboxes are located within the public right of way and very close to the edge of the public travel way; therefore, damage to them is unavoidable. This policy assumes there is a shared responsibility between the town and resident when mailboxes are damaged during snow removal operations.

The Town will reimburse a resident for damage to a mailbox at a flat rate of \$40.00.

Only one reimbursement request per address will be accepted for each winter season.

This amount is intended to cover any and all damages to the mailbox and the related posts and brackets, including installation costs. No reimbursement in excess of this amount shall be provided, regardless of the location, size, original cost, or ornamental design of the mailbox and post.

In order to be eligible for reimbursement, the resident must submit a claim in writing within five (5) business days from the date of the alleged damage; the DPW will inspect the location of the damage. If the DPW approves the claim, the resident will be required to provide a copy of a paid receipt or invoice to the DPW. The receipts must be delivered to the DPW within ten (10) business days of the notice approving the claim for damage. Upon receipt of a paid receipt or invoice, the will DPW initiate a requisition process to provide a single flat reimbursement.

The DPW no longer provides replacement mailboxes and will no longer perform any repairs to mailboxes or the related posts and brackets.

This policy was voted by the Board of Selectmen on December 21, 2015 and is immediately in effect.

Mailbox Damage Claim

Date of incident (DOI) _____ Account # _____

Description of damage _____

Name _____

Street address _____

Phone number _____

Email _____

Date claim received (DOI plus 5 days) _____ by DPW INITIALS _____

Inspector's name _____ Date of Inspection _____

Notes _____

Approval Yes No Date of Approval (DOA) _____

Date receipt received by DPW (DOA plus 10 days) _____

Date requisition for reimbursement submitted _____

Requisition submitted by _____