



City of Marshfield Mailbox Damage Report

Date of Damage: _____

Name: _____

Address: _____

Phone #: _____

Notes: _____

Are you requesting that the City install the replacement mailbox? YES NO

Please attach the following:

- 1) Pictures of Damage
- 2) Receipts for Materials

Requests and damaged mailboxes must be submitted by May 1st to:

Mailbox Damage
City of Marshfield – Street Division
407 West 2nd St.
Marshfield, WI 54449

FOR OFFICE USE ONLY:	
Date Claim Received: _____	Reimbursement Approved by: _____
Date of Reimbursement: _____	Date of Mailbox Installation/Repair: _____
Reimbursement Total: _____	Installed/Repaired by: _____
Staple Receipt and Pictures to Back of Form	
Damaged Mailbox Received? Yes / No	