

**TOWN OF BURRILLVILLE  
DEPARTMENT OF PUBLIC WORKS  
200 Clear River Drive, Unit 8  
Oakland, RI 02858**

**Claim Policy for Plow Damaged Mailboxes**

This policy is to address the claims of Town residents for damages to mailboxes allegedly by the Town's snow plows. This policy relates to Town plowing and mailbox and/or post damage only. The Town will only replace mailboxes and/or posts that were physically hit by plows. Mailbox damage caused by snow and/or slush is not under our control and, therefore, will not be replaced by the Town.

1. Claims for damaged mailboxes shall be in writing and addressed to the Department of Public Works to verify the extent and nature of damage to the mailbox. The claim shall identify the name and address of claimant, date of damage, location, nature, and amount of alleged damage. Claims must be turned in or postmarked within 72 hours of the snow event.
2. Upon verification, the Director, or his designee, shall have the option to offer the resident either:
  - a. DPW will repair or replace mailbox and/or post with a standard mailbox and/or wooden post in the existing location, or
  - b. Resident can purchase a mailbox and/or post, and the DPW will install in the existing location.

January 2011

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**Claim Form for Plow Damaged Mailboxes**

This form must be completed by the Town resident claiming mailbox/post damage due to Town plowing operations. A copy of the Policy will be provided to the resident.

\_\_\_\_\_  
Name of Resident

\_\_\_\_\_  
Address

\_\_\_\_\_  
Home

\_\_\_\_\_  
Cell

\_\_\_\_\_  
Date of Alleged Damage

Specify items(s), location, nature, and cause of alleged damage:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Acceptance and Release:

I agree to (check one) \_\_\_\_\_ (a) Replacement/Repair or \_\_\_\_\_ (b) Installation of Resident-Purchased mailbox and/or pole. Acceptance of this offer releases the Town and its agents, officials, and servants from any further liability for the alleged damage and incident both at law and in equity.

\_\_\_\_\_  
Signature of Resident

\_\_\_\_\_  
Date Submitted