



Dear Homeowner:

You have reported that City operations damaged your mailbox. The City's mailbox reimbursement program will reimburse a homeowner up to the maximum of \$50 for a total loss of a mailbox. If the mailbox was in disrepair (for example: rotted or had prior damage), the City will not fix or replace the mailbox.

Instructions:

Upon notice to the City of damage to a mailbox the City will verify the damage was caused by City operations. If it is verified City operations caused the damage and the mailbox was not already in disrepair, the claim will be processed as follows:

Homeowner is required to complete the Claim/Release portion of this letter and provide a copy of the purchase receipt for the replacement mailbox. The Claim/Release form and receipt must be submitted to the City's Risk Department by one of the following delivery methods: by email to j.lynch@cedar-rapids.org, by mail to City of Cedar Rapids, Attention: Jackie Lynch, 500 15th Ave SW, Cedar Rapids, Iowa 52404 or by dropping off at City Service Center.

After the Claim/Release and receipt is received, payment will be approved and presented to Accounts Payable and a check will be issued.

MAILBOX CLAIM/RELEASE

- 1) I, _____ (print name), hereby make a claim for \$ _____ (up to a maximum of \$25 for a mailbox and up to a maximum of \$25 for a post, \$50 if both) as a result of damage to a mailbox located at _____ (address) on _____ (date of damage).
- 2) I attest that I am the lawful homeowner and that I am of legal age and able to bring this claim for reimbursement of said mailbox.
- 3) In consideration of payment by the City, I hereby release and forever discharge the City of Cedar Rapids, its officers and employees, from any and all claims arising from this claim.

Signature

Date

____ - ____ - ____
Social Security Number

Print Mailing Address

Phone Number

The City requires a taxpayer identification number before a check can be issued. Please provide your social security number. A check will be issued to the address provided. A phone number is requested in case there are questions with your claim. If you have other questions feel free to call Jackie Lynch at 319-286-5125.