



**Request for Reimbursement Form – Mailbox Damage**

(The Town will reimburse the sum of \$35 toward the replacement of a mailbox)

**Date & Time of Incident:** \_\_\_\_\_

**Resident Name (please print):** \_\_\_\_\_

**Resident Address:** \_\_\_\_\_

\_\_\_\_\_

**Resident Phone Number:** \_\_\_\_\_

**Resident Signature:** \_\_\_\_\_

**Send Completed Form To:** Town Treasurer, 7555 Forest View Road, West Bend, WI 53090  
For any questions, call 262-447-1018