



**City of Meriden**

**Mail Box Claim**

Today's Date \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone Number: Home \_\_\_\_\_ Cell \_\_\_\_\_

Date of Incident  
\_\_\_\_\_

Damaged Item

- Mailbox only
- Mailbox and post

Attach photograph

Comments

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