

CITY OF WAYLAND
103 S. Main St., Wayland, MI 49348
PHONE: 269-792-2265 FAX: 269-792-0387

APPLICATION FOR MAILBOX REPLACEMENT

For Official Use Only

Date Received: _____

Received By: _____

1. **Name of Applicant:** _____
Address: _____
City/State/Zip: _____
Phone: _____ **Email:** _____

2. **Date mailbox was damaged:** _____

3. **Please choose one of the following options:**

_____ **City will re-install standard mailbox at City expense.**

_____ **City will reimburse up to \$35.00 towards replacement of non-standard mailbox**

I understand that the City reserves the right to attempt to repair existing mailbox upon damage. Furthermore I understand that attempts to fix/replace damaged mailbox will be done at the earliest convenience. Furthermore I understand if I select the reimbursement option that payment will be made upon the next issuance of checks.

Signature

Date

Approved By:

Printed Name

Title

Signature

Date