

**HENDRICKS COUNTY POLICY REGARDING MAILBOXES
WITHIN COUNTY ROAD RIGHTS OF WAY**

The purpose of this policy is to establish a procedure for replacement of mailboxes damaged by the Hendricks County Highway Department during maintenance of County roadways.

The home owner will be responsible for the replacement of mailboxes; however the County may reimburse the claimant up to \$40.00 towards the replacement of the box.

The procedure to claim the reimbursement is as follows:

1. A Mailbox Reimbursement Claim Form must be completed in its entirety
2. Copies of applicable receipts must be submitted
3. Photographs of the damaged mailbox must be submitted

Claims submitted that meet these requirements will be investigated on an individual basis and eligibility for reimbursement will be determined.

All claims must be received within one hundred eighty (180) days from the date of the occurrence. If you have any questions about the right way to file a claim, please contact the Hendricks County Highway Department.

KEEP A COPY OF YOUR CLAIM FORM, YOUR RECEIPTS FOR YOU BILLS AND YOUR CERTIFIED OR REGISTERED MAIL RECEIPT.

Appeals regarding this policy shall be made in writing to the Hendricks County Board of Commissioners.

Anyone who wishes to file a claim for property damage against the County of Hendricks must use the following form to file a claim.

**COUNTY OF HENDRICKS
CLAIM FOR PROPERTY DAMAGE**

Use additional sheets if necessary

1. Name of Claimant: _____
2. Date and Time of Loss: _____
3. Exact Location of Loss (Include Township, County Road, Nearest Crossroad(s), etc): _____

4. Dollar Amount of Loss: _____
5. County Agency and County Vehicle Number (if known): _____
6. Names and Addresses of All Persons/Property Involved (if Known): _____

7. Address of Claimant at Time of Loss: _____
8. Claimant's Current Address & Work/Home Telephone Numbers: _____
9. How was the County negligent: _____

10. Explanation of What Happened: _____

I swear and affirm under the penalties for perjury that the foregoing information is true and correct to the best of my knowledge and belief.

 Claimant's Signature

 Date

****ATTACH COPIES OF ACCIDENT REPORTS, PHOTOGRAPHS, TWO ESTIMATES OF REPAIR, OR RECEIPTS FOR REPAIRS TO YOUR PROPERTY, AND ANY ADDITIONAL DOCUMENTATION IN REFERENCE TO THIS MATTER. ****

Mail To:

Hendricks County Highway Department
 ATTN: Cathy
 930 East Main St.
 Danville, In 46122