

COUNTY OF PORTER, INDIANA
CLAIM FOR PROPERTY DAMAGE/MAILBOX DAMAGE

1. Name of Claimant: _____
2. Address: _____
State: _____ Zip: _____
3. Phone: _____ (home) _____ (work)
4. Date and time of loss: _____
5. Exact location of loss: (include County, nearest crossroad and Town, etc. _____

6. Amount of damages sought: \$ _____
(No reimbursement for installation)
7. Names and addresses of all persons involved (if known): _____

8. Explanation of what happened: _____

(Use additional sheet if necessary)

Claimant's signature

Date

***Attach photographs/receipts for repairs in reference to this claim. Failure to submit a photograph and a receipt documenting cost will result in denial of the claim. Mail this form and your documents to:**

**Porter County Highway Department
Attn:
1955 S. State Road 2
Valparaiso, IN 46385**

*** Disclaimer: Porter County is not admitting to any liability for the damages sustained to your mailbox due to snow removal based upon the review or payment of your claim. Your claim must be submitted within 60 days of the loss. ** Failure to submit your claim in a timely manner will result in the denial of your claim.**