



Mailbox Damage Claim

Shiawassee County Road Commission

701 W. Corunna Avenue, Corunna, MI 48817

Phone (989) 743-2228 Fax (989) 743-5008

Please Print

Today's Date: _____

Your Name: _____

Your Address: _____
(Street and City)

Your Phone #: _____

Date Damage Occurred: _____

Did the mailbox damage occur at the above address?

Yes – Go to the "Signature" line

No – Please also complete the information below:

Address where mailbox damage occurred: _____
(Street and City)

Name of resident at this address: _____

Relationship of resident to you: _____

Signature

For SCRC Use Only

License Verified by: _____

Card Number Issued: _____