

MAILBOX REPLACEMENT FORM

East Goshen Township
1580 Paoli Pike
West Chester, PA 19380

Date: _____

Name: _____

Address: _____

Phone: _____

Explain Damage:

The Township will reimburse up to \$25.00 for replacement of a post and/or a mailbox. Please sign the form and send back to the Township.

I hereby verify and affirm that all the information on this form is true, correct and complete to the best of my knowledge, ability and belief.

Signature: _____