

COUNTY OF JACKSON POLICY MANUAL

TRANSPORTATION

Policy 8130

MAILBOX REPLACEMENT

I. Purpose:

The purpose of this policy is to outline proper procedures for requests to replace damaged mailbox and/or posts caused by the Department of Transportation's equipment striking the mailbox and/or post on certified public roadways within Jackson County.

II. Policy:

When damage to a mailbox and/or post is believed to be a result of the Department of Transportation's equipment striking the mailbox and/or post, the procedure is as follows:

1. A claimant may make a request to the Department of Transportation by completing a "Mailbox Claim Form". This form is available online or at the JCDOT main office, 2400 N. Elm Rd., Jackson, MI 49201.
2. The claimant must provide two photographs with their request reflecting the following:
 - The damaged mailbox and/or post; and,
 - The roadway showing the location of the mailbox and/or post.
3. The claimant will submit a completed form with photographs to 2400 N. Elm Rd., Jackson, MI 49201 or by email at JCDOT@mijackson.org. Upon receipt, the Department of Transportation will review the request and provide a determination within seven business days.
4. If deemed that the Department of Transportation is responsible for the damage to the mailbox and/or post, the claimant will be given the following options:
 - The Department of Transportation will provide a plain standard-size metal box and/or wood post; or,
 - The Department of Transportation will provide payment to the claimant based on the current fee schedule adopted by the Jackson County Board of Commissioners.
5. The installation of mailboxes and posts is the responsibility of the claimant, unless the Managing Director grants an exception. Installation must comply with U.S. Postal Service standards for mailbox size and construction. The Department of Transportation will not replace or compensate for damage to newspaper, shopping guide, or advertising tubes.

Adopted as JCRC Policy 92-01
Amended: 09/24/2008 (As JCRC Policy 08-31)
03/23/2011 (As JCRC Policy 11-01)
05/20/2025 (As 8130)



Mailbox Claim Form



Claimant Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email Address: _____

CLAIM DETAILS:

Date & Time of Incident: _____

Location of Incident: _____

Description of Incident: _____

Photographs must be attached with this request. Please provide one photograph of the damaged mailbox and/or post and one photograph of the roadway showing the location of the mailbox/post.

Are photographs attached? Yes _____ No _____

REPLACEMENT OPTIONS:

If deemed that the Department of Transportation equipment struck and damaged the mailbox and/or post, select one of the following replacement options:

OPTION 1: Claimant requests JCDOT to provide a replacement (plain, standard-size, metal box and/or post):

Yes _____ No _____

OPTION 2: Claimant requests a cash payment according to the current fee schedule, instead of replacement:

Yes _____ No _____

****INSTALLATION OF MAILBOX AND/OR POST IS THE RESPONSIBILITY OF THE CLAIMANT****

Signature: _____ **Date:** _____

Submit your completed form and photographs to either the Jackson County Department of Transportation, 2400 N. Elm Rd., Jackson, MI 49201 or emailed to: jcdot@mijackson.org

For JCDOT Use Only:

Date Received: _____ Service Request ID: _____ Determination: _____

Determination Made By: _____ Resident Notification Date & Method: _____

Payment Method & Date of Payment: _____