

TOWN OF UXBRIDGE
DEPARTMENT OF PUBLIC WORKS

147 HECLA STREET
UXBRIDGE, MASSACHUSETTS 01569-1326
508-278-8616 ♦ Fax 508-278-3179

Benn S. Sherman, P.E.
Director

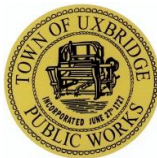
MAILBOX POLICY **(DPW Policy No. 2011-1)**

PURPOSE

The intent of this policy is to establish a uniform process to reimburse citizens for mailbox damage due to snow removal operations performed by the Town of Uxbridge Department of Public Works (DPW). The DPW's mandate during "Snow and Ice Season" is to ensure that its roadways are kept free of snow and ice. It is also understood that most mailboxes are located inside the public right of way, and therefore, damage to them is often unavoidable for various reasons. This policy assumes there is a shared responsibility between the town and homeowner when mailboxes are damaged during snow removal operations.

POLICY

1. The U.S. Postal Service requires that customers maintain mailboxes in a manner that enables the carrier to deliver and collect mail. The customer is required to keep the approach to and the exit from the mailbox sufficiently cleared of snow for the carrier. This is not the responsibility of the DPW or its plow subcontractors. For additional information regarding the installation of residential mailboxes, refer to the United States Postal Service at the following website address: <https://www.usps.com/manage/mailboxes.htm>
2. Every winter, Town plow trucks occasionally damage mailboxes while clearing the streets of snow and ice. While Town crews do their best to avoid hitting mailboxes, sometimes especially when visibility is poor a mailbox can be struck by accident. If a Town or Town contractor plow or truck damages a mailbox through direct contact, a reimbursement may be made in accordance with established guidelines of this policy. Mailboxes or posts damaged by the weight of the plow windrow (snow exiting the end of the plow) operated by a Town employee or a private contractor under contract with the Town will not be covered under this policy and replacement/repair is the property owner's responsibility. A property owner who installs decorative materials within the right-of-way does so at his/her own risk.
3. It is the homeowner's responsibility to notify the DPW and file a *Mailbox Reimbursement Request* with the Town through the DPW. Such requests shall be submitted in writing (on the attached form) and within 48 hours from the date of the alleged damage so it can be assessed and verified for any claim. Any claim presented after the 48-hour period will be subject to the discretion of the DPW. All damaged posts and mailboxes must be available for inspection. In the event that the snowplow is operated by a private contractor under contract with the Town, as determined by the Town, claim shall be made by the homeowner directly to the private contractor to the name and address provided by the DPW. The Town may authorize a reimbursement up to a maximum of \$30.00. This amount is intended to cover any and all damages to the mailbox, post and brackets. No reimbursement in excess of \$30.00 shall be provided, regardless of the location, size, original cost or elaborateness of the mailbox and post.
4. Claims must include a receipt of the repairs and be sent to the Town of Uxbridge, Department of Public Works at 147 Hecla Street, Uxbridge, MA 02703.
5. All property owners are urged to inspect their posts and mailboxes at least yearly and replace any rotted or insecure post installations. Property owners might also consider placing their posts to the left of driveway openings or locating the posts further from the edge of the paved way without changing the



location of the box itself as suggested by the postal department where snow removal is a problem.

6. If applicable, only one claim per household per year will be accepted by the DPW.
7. The Board of Selectman voted their concurrence with this policy during a meeting held on May 23, 2011 and shall remain in place until rescinded or modified by a vote of the Board of Selectmen.

Department of Public Works

Benn S. Sherman, P.E.
Director

May 2, 2016

Date



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MAILBOX REIMBURSEMENT REQUEST

I _____ of _____ (address),
Uxbridge hereby request reimbursement for damages caused to my mailbox and related fixtures caused by
snow removal operations on _____ (date).

Describe damages:

I understand the Town of Uxbridge has a right to review this claim, and may reimburse me up to \$30.00 for damages to the mailbox, post and brackets. No reimbursement shall exceed \$30.00 regardless of the location, size, original cost or elaborateness of the mailbox, post and brackets. Claims must include a receipt of the repairs. The Town of Uxbridge is tax exempt and will not cover sales tax. This claim must be submitted within forty-eight (48) hours of the date of the alleged damage. Any claim presented after the 48-hour period will not be accepted by the DPW.

*Submit to: Town of Uxbridge
 Department of Public Works
 147 Hecla Street
 Uxbridge, MA 01569*

I affirm the above statement is true to the best of my knowledge and belief.

_____ (Signature)

_____ (Date)

For Town Use Only

Date Received: _____

Reviewed By: _____

Recommended Action: _____

CC: Director, Department of Public Works

Request for Taxpayer Identification Number and Certification

Completed form should be
given to the Town of Uxbridge
Accounting Office. See page 2
for mailing instructions.

Please print or type

Name (List legal name, if joint names, list first & circle the name of the person whose TIN you enter in Part I-See **Specific Instruction** on page 2)

Business name, if different from above. (See **Specific Instruction** on page 2)

Check the appropriate box: ☐ Individual/Sole proprietor ☐ Corporation ☐ Partnership ☐ Other ▶-----

Legal Address: number, street, and apt. or suite no.

Remittance Address: if different from legal address number, street, and apt. or suite no.

City, state and ZIP code

City, state and ZIP code

Phone # ()

Fax # ()

Email address:

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. For individuals, this is your social security number (SSN). **However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instruction on page 2.** For other entities, it is your employer identification number (EIN). If you do not have a number, see **How to get a TIN** on page 2.

Social security number

□□□-□□-□□□□

OR

Employer identification number

□□-□□□□□□

Note: If the account is in more than one name, see the chart on page 2 for guidelines on whose number to enter.

DUNS

□□□□□□□□

Vendors:

Dunn and Bradstreet Universal Numbering System (DUNS)

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), **and**
2. I am not subject to backup withholding because: **(a)** I am exempt from backup withholding, or **(b)** I have not been notified by the Internal Revenue Services (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or **(c)** the IRS has notified me that I am no longer subject to backup withholding, **and**
3. I am an U.S. person (including an U.S. resident alien).
4. I am currently a Commonwealth of Massachusetts's state employee: or a Town of Uxbridge employee (check one): No ____ Yes ____ If yes, **in compliance with** the State Ethics Commission **requirements**.

Certification instructions: You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply.

**Sign
Here**

Authorized Signature ▶

Date ▶

Purpose of Form

A person who is required to file an information return with the IRS must get your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to give your correct TIN to the person requesting it (the requester) and , when applicable, to:

1. Certify the TIN you are giving is correct (or you are waiting for a number to be issued).
2. Certify you are not subject to backup withholding

If you are a foreign person, use the appropriate Form W-8. See Pub 515, Withholding of Tax on Nonresident Aliens and Foreign Corporations.

What is backup withholding? Persons making certain payments to you must withhold a designated percentage, currently 28% and pay to the IRS of such payments under certain

conditions. This is called "backup withholding." Payments that may be subject to backup withholding include interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

If you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return, payments you receive will not be subject to backup withholding. **Payments you receive will be subject to backup withholding if:**

1. You do not furnish your TIN to the requester, or
2. You do not certify your TIN when required (see the Part II instructions on page 2 for details), or
3. The IRS tells the requester that you furnished an incorrect TIN, or
4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends only), or

5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See the Part II instructions on page 2.

Penalties

Failure to furnish TIN. If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

Civil penalty for false information with respect to withholding. If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

Criminal penalty for falsifying information. Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

Misuse of TINs. If the requester discloses or uses TINs in violation of Federal law, the requester may be subject to civil and criminal penalties.

Specific Instructions

Name. If you are an individual, you must generally enter the name shown on your social security card. However, if you have changed your last name, for instance, due to marriage without informing the Social Security Administration of the name change, enter your first name, the last name shown on your social security card, and your new last name.

If the account is in joint names, list first and then circle the name of the person or entity whose number you enter in Part I of the form.

Sole proprietor. Enter your **individual** name as shown on your social security card on the "Name" line. You may enter your business, trade, or "doing business as (DBA)" name on the "Business name" line.

Limited liability company (LLC). If you are a single-member LLC (including a foreign LLC with a domestic owner) that is disregarded as an entity separate from its owner under Treasury regulations section 301.7701-3, **enter the owner's name on the "Name" line.** Enter the LLC's name on the "Business name" line.

Caution: A disregarded domestic entity that has a foreign owner must use the appropriate Form W-8.

Other entities. Enter your business name as shown on required Federal tax documents on the "Name" line. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on the "Business name" line.

Part I - Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box.

If you are a **resident alien** and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see **How to get a TIN** below.

If you are a **sole proprietor** and you have an EIN, you may enter either your SSN or EIN. However, the IRS prefers that you use your SSN.

If you are an **LLC** that is **disregarded as an entity** separate from its owner (see **Limited liability company (LLC)** above), and are owned by an individual, enter your SSN (or "pre-LLC" EIN, if desired). If the owner of a disregarded LLC is a corporation, partnership, etc., enter the owner's EIN.

Note: See the chart on this page for further clarification of name and TIN combinations.

How to get a TIN. If you do not have a TIN, apply for one immediately. To apply for an SSN, get **Form SS-5**, Application for a Social Security Card, from your local Social Security Administration office. Get **Form W-7**, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN or **Form SS-4**, Application for Employer Identification Number, to apply for an EIN. You can get Forms W-7 and SS-4 from the IRS by calling 1-800-TAX-FORM (1-800-829-3676) or from the IRS's Internet Web Site www.irs.gov.

If you do not have a TIN, write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments.

The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

Note: Writing "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.

Part II - Certification

To establish to the paying agent that your TIN is correct or you are a U.S. person, or resident alien, sign Form W-9.

For a joint account, only the person whose TIN is shown in Part I should sign (when required).

Real estate transactions. You must sign the certification. You may cross out item 2 of the certification.

Dunn and Bradstreet Universal Numbering System (DUNS) number requirement –

The United States Office of Management and Budget (OMB) requires all vendors that receive federal grant funds have their DUNS number recorded with and subsequently reported to the granting agency. If a contractor has multiple DUNS numbers the contractor should provide the primary number listed with the Federal government's Central Contractor Registration (CCR) at www.ccr.gov. Any entity that does not have a DUNS number can apply for one on-line at www.DNB.com under the DNB D-U-N Number Tab.

Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to give your correct TIN to persons who must file information returns with the IRS to report interest, dividends, and certain other income paid to you, mortgage interest you paid, the acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA or MSA. The IRS uses the numbers for identification purposes and to help verify the accuracy of your tax return. The IRS may also provide this information to the Department of Justice for civil and criminal litigation, and to cities, states, and the District of Columbia to carry out their tax laws.

You must provide your TIN whether or not you are required to file a tax return. Payers must generally withhold a designated percentage, currently 28% of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to a payer. Certain penalties may also apply.

What Name and Number to Give the Requester

For this type of account:	Give name and SSN of:
1. Individual	The individual
2. Two or more individuals (joint account)	The actual owner of the account or, if combined funds, the first individual on the account ¹ The minor ²
3. Custodian account of a minor (Uniform Gift to Minors Act)	The grantor-trustee ¹
4. a. The usual revocable savings trust (grantor is also trustee) b. So-called trust account that is not a legal or valid trust under state law	The actual owner ¹
5. Sole proprietorship	The owner ³
For this type of account:	Give name and EIN of:
6. Sole proprietorship	The owner ³
7. A valid trust, estate, or pension trust	Legal entity ⁴
8. Corporate	The corporation
9. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
10. Partnership	The partnership
11. A broker or registered nominee	The broker or nominee
12. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments	The public entity

¹ List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

² Circle the minor's name and furnish the minor's SSN.

³ You must show your individual name, but you may also enter your business or "DBA" name. You may use either your SSN or EIN (if you have one).

⁴ List first and circle the name of the legal trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.)

Note: If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

If you have questions on completing this form, please contact the Office of the State Comptroller. (617) 973-2468.

Upon completion of this form, please send it to the Office of the Town Accountant, 21 South Main Street, Uxbridge MA 01569

Contact Information

Please provide the Accounts Payable contact information for the business.

Customer Service Contact	Customer Service Phone	Extension
Website	Email	

Insurance Requirements

Any contractor who will deliver, or perform services on behalf of the Town inside the Town's borders must provide proof of insurance with at least the following limits. Each insurer providing policies hereunder shall waive its rights to subrogate claims against the Town of Uxbridge. The Town shall be added as an additionally named insured with respect to such policy, and an endorsement shall be reflected on the insurance certificate. The Town requires at least 30 days notice from the insurer for any updates, changes in cover, or cancellation of coverage for the policy.

1. **Workers Compensation Insurance** covering the obligations of the contractor listed on the attached Form W9 in accordance with applicable Workers Compensation or Benefits Laws.
2. **Commercial General Liability Insurance** on an occurrence basis with a combined single limit of not less than one million (\$1,000,000). Coverage is to include premises and operations coverage for any and all subcontractors.
3. **Automotive Liability Insurance** of not less than one million (\$1,000,000) combined single limit covering owned, hired, and non-hired vehicle use.

Unless otherwise specified in an executed contract, these insurance requirements will only be required for vendors providing goods and services on site, inside the borders of the Town. This includes but is not limited to any public property, roadway, easement or building owned by the Town, or private property owned by a resident of the Town. If there is not physical delivery of goods or services to the site, you may disregard this section. Please call the Accounts Payable Office at **(508) 278-8600 x2017** or email ap.info@uxbridge-ma.gov if you have any questions, or would like additional clarification.

Payment Information

The Town requires all vendors to extend payment terms of **no less than NET/30** for any outstanding invoices. The Accounts Payable Office places priority placement on outstanding invoices for vendors who offer a Prompt Payment Discount (PPD). All efforts are made to remit payment on these invoices in 10 days from receipt. Please indicate any PPD terms that you are willing to extend to the Town below.

Term 1	% Discount
Term 2	% Discount

Do you require individual checks to be issued per invoice? **YES NO** (If NO, payment for multiple invoices will be issued on one check)

Vendor Account Information

If you are a current vendor of the Town, please indicate any and all internal account numbers that you have assigned to the Town, its departments, or its subsidiaries. The Town's Accounts Payable Office will use this information for resolving billing and inquiry issues for the work that was performed on behalf of the Town. If you need additional space, please list them on a separate sheet labeled "**Form 60 – Accounts; xxxx**" where "xxxx" is the vendor name as listed on the IRS Form W9.

	Account Number	Name on Account	Billing Address on Account
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____

Option Demographic Information

The following information is optional for Local, State, and Federal reporting purposes. Any information provided will only be used to improve the Town's processes, resolve vendor inquiries, and complete State and Federal reporting.

1. Would you as a vendor of the Town be interested in receiving payments via ACH payment directly to your business bank account if such functionality was made available? **YES NO**
2. Is your business registered with the State of Massachusetts Operational Services Division (OSD) for participation and purchasing under a statewide contract or agreement? **YES NO**
3. Is your business registered as a Minority or Woman Owned small business with the State Office of Minority and Women Business Assistance (SOMWBA) in your State of incorporation? **YES NO**
4. Is your business registered with the Better Business Bureau (BBB) and in good standing? **YES NO**
5. Does your business accept credit payments through major payment vendors such as VISA, MC, or AMEX? **YES NO**