

## **NOTICE OF CLAIM**

An individual who has been injured or who has suffered property damage as a result of a sewage disposal system event **must** provide written notice of the event within **45 days** after the date the damage or injury was discovered, or in exercise of reasonable diligence, should have been discovered. **Failure to provide proper written notice within 45 days will bar your claim.**

To make a claim for damages or physical injury arising from a sewage disposal system event, please provide the following information:

Name:	Date:
Address:	Telephone number:
Address of Affected Property (if different from above)	

Do you claim property damage?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
Do you claim personal injuries?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
Do you have a Sump Pump?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO

If Yes, where does it discharge?

Sanitary Sewer

Storm Sewer

Unknown

Private Property (i.e. French Drain)

Date of Discovery of Property Damages or Physical Injuries: \_\_\_\_\_

Please briefly describe what happened:


Description of Property Damage	Amount \$
1.	
2.	
3.	
4.	
5.	
6.	
(Include additional pages if needed) TOTAL:	\$ 0.00

Continued on the following page.

Please provide the following information:

1. Do you own or are you in the process of buying your home? ☐ Yes ☐ No
2. Are you a tenant paying rent for your home? ☐ Yes ☐ No
3. If you are a renter, please provide your landlord's name and address:  
\_\_\_\_\_
4. Name of your insurance company: \_\_\_\_\_
5. Insurance Policy Number: \_\_\_\_\_
6. Name and phone number of your insurance agent:  
\_\_\_\_\_
7. Have you filed a claim with your insurance company? ☐ Yes ☐ No
8. If "No" give reason:  
\_\_\_\_\_
9. If "Yes" has the insurance company paid any portion of your claim? ☐ Yes ☐ No
10. If "Yes" indicate the amount the insurance company paid. \_\_\_\_\_
11. Please provide the insurance claim number. \_\_\_\_\_
12. If the insurance company denied your claim, what was the reason provided? \_\_\_\_\_

### Property Damage Check List:

**To assist the investigation of your claim, please provide legible copies of the following items:**

1. Declaration Page of your Homeowner's Insurance Policy showing your deductible.
2. Clear photos of property damage.
3. Receipts for damaged items / or repairs made.
4. Proof of submission to insurance company along with payment or denial correspondence.

**This form is being provided to assist the property owner in submitting a claim and does not constitute an admission of liability, that the claim has merit, or that the property owner is entitled to damages.**

**Please Return the Completed Form To:**

**Grand Blanc Township  
5371 South Saginaw St.  
Grand Blanc, MI 48507  
Attn.: PA 222 Claim**