

**Joseph A. Rizk, Supervisor**  
**Cynthia Bryan, Clerk**  
**David Cain, Treasurer**  
Office -----810-686-7580  
FAX -----810-686-0820  
Bldg. Dept.--810-686-7676  
FAX -----810-686-8856



**Trustees**

**Nancy Belill**  
**Sue Thomas**  
**Jeremy Clontz**  
**Kerry Paulson**

To Vienna Township Residents:

If you experience an overflow or back up of a sewage disposal system or storm water system, you must file a written claim with Vienna Township within 45 days after the overflow or backup was discovered. Written claim forms can be picked up at the Vienna Township Hall, 3400 W. Vienna Rd., Clio, MI 48420. Upon discovery of an overflow or backup, please contact our office immediately.

Notice should be mailed to Vienna Township at 3400 W. Vienna Rd. Clio, MI., 48420.

Failure to provide the required notice will prevent recovery of damages.

Filing a claim does not guarantee payment.

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**NOTICE OF CLAIM**

In order to make a claim for damages or physical injury arising from a sewage disposal or storm water system event,

All claimants **must** provide the following information:

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Address: \_\_\_\_\_ Telephone: \_\_\_\_\_  
\_\_\_\_\_

Address of affected property \_\_\_\_\_  
(if different from above) \_\_\_\_\_

Please briefly describe the claim: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date of discovery of property damages or physical injuries: \_\_\_\_\_

Please return to: Vienna Township  
3400 W. Vienna Rd.  
Clio, MI 48420

**An individual that has been injured or has suffered property damage as a result of a Sewage or Water System Disposal Event must provide written notice of the event within 45 days after the date the damage or injury was, or in exercise of reasonable diligence should have been discovered. Failure to provide proper notice will bar you claim.**

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**FOR OFFICE USE ONLY**

Date received: \_\_\_\_\_  
Forwarded to: \_\_\_\_\_ Date: \_\_\_\_\_  
Forwarded to: \_\_\_\_\_ Date: \_\_\_\_\_  
Forwarded to: \_\_\_\_\_ Date: \_\_\_\_\_

**VIENNA TOWNSHIP**  
**INVENTORY OF DAMAGES**  
**FROM A SEWER BACKUP OR OVERFLOW EVENT**

The following information should be obtained from each claimant. The more information that is obtained and the more detailed that information, the easier it will be to evaluate the claim and defend the claim.

Today's date: \_\_\_\_\_

Date of event: \_\_\_\_\_

**PERSONAL INFORMATION**

Claimant's full name: \_\_\_\_\_ Age: \_\_\_\_

Social Security Number: \_\_\_\_\_ Telephone number: \_\_\_\_\_

Address of home allegedly damaged: \_\_\_\_\_  
City: \_\_\_\_\_ Michigan, Zip Code \_\_\_\_\_

Full name of claimant's spouse: (if applicable) \_\_\_\_\_

Individuals living at the home in question:

NAME	AGE	RELATIONSHIP
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Does claimant own the home? Yes / No **If yes,** Year of purchase \_\_\_\_\_  
Purchase price \$ \_\_\_\_\_

Does claimant rent the home? Yes / No **If yes,** for how long \_\_\_\_\_

Landlords name: \_\_\_\_\_  
Address: \_\_\_\_\_

**INSURANCE COVERAGE:**

Did the claimant have homeowner's or renter's insurance through any insurance company that may cover the loss? Yes / No

Name and address of insurance company? \_\_\_\_\_  
City: \_\_\_\_\_, State \_\_\_\_\_, Zip \_\_\_\_\_

Policy Number of insurance company? \_\_\_\_\_

Has any claim been made? Yes / No **If yes,** what is the claim number \_\_\_\_\_

**DAMAGE TO REAL PROPERTY, IF ANY:**

Does the claimant contend that any real property (real estate, house or other structure) was damaged in any way as a result of the backup or overflow event? Yes / No

If yes, determine in detail the damage including:

- A. The real property damage: \_\_\_\_\_
- B. The specific nature and type of damage: \_\_\_\_\_
- C. The dollar amount of such damage: \$ \_\_\_\_\_
- D. Obtain any records, reports or documents of such damage:
- E. Did the claimant attempt to have the house or structure repaired or cleaned? Yes / No  
If yes, obtain any repair and/or cleaning estimates, invoices or receipts:
- F. The name and address of any contractor, repairman or individual performing the repairs and/or cleaning:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- G. The total cost of all such repairs and/or cleaning to the house and structures: \$ \_\_\_\_\_

**PROPERTY DAMAGE:**

Describe each and every item of personal property they claim to have been damaged as a result of the backup or overflow event.

For each item claimed to have been damaged, determine the following:

- A. Description \_\_\_\_\_
- B. Date of purchase \_\_\_\_\_
- C. Store of Purchase \_\_\_\_\_
- D. Quantity purchased \_\_\_\_\_
- E. Brand name \_\_\_\_\_
- F. Serial number \_\_\_\_\_
- G. Purchase price \$ \_\_\_\_\_
- H. Obtain copies of receipts proving purchase of the item?
- I. Did claimant retain the property or dispose of it? If disposed of, how and where?  
\_\_\_\_\_  
\_\_\_\_\_
- J. If disposed of, did the claimant make any record of the property prior to the disposal (I.e.) written description, photographs, or videos)? \_\_\_\_\_  
\_\_\_\_\_
- If yes**, obtain copies of all such records, photographs or videotapes.
- K. If the property was retained, obtain photographs or videotape of the item alledged to have been damaged.
- L. If the item was retained, did the claimant attempt to have the item repaired or cleaned? \_\_\_\_\_
- M. Obtain copies of any repair or cleaning estimates, statements, invoices or receipts for the item.

**PERSONAL INJURY OR ILLNESS, IF CLAIMED:**

Does the claimant allege any illness or injury as a result of the backup or overflow event? Yes / No  
If no, do not obtain any further information. If yes, obtain the following information:

- A. Did the claimant or anyone in the home have any illness or sickness (besides the common cold or flu) prior to the event? Yes / No
- B. Describe each illness, dates of illness and name and address of each hospital, physician or other medical practitioner that provided treatment to the claimant prior to the event.

<u>Date</u>	<u>Illness</u>	<u>Medical Care Facility and Address</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

C. Medical history alleged to be related to the backup or overflow:

1. What ill effects, if any, does claimant allege to have suffered as a result of the backup or overflow event? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

2. Physicians or Medical Practitioners who diagnosed these ill effects.

<u>Name</u>	<u>Address</u>
_____	_____
_____	_____

3. Physician or Medical Practitioner providing treatment for these ill effects.

<u>Name</u>	<u>Address</u>
_____	_____
_____	_____
_____	_____

4. Obtain the dates of treatment. \_\_\_\_\_  
 \_\_\_\_\_

5. Have the claimants sign medical authorization forms for each hospital, physician or medical practitioner from whom they received treatment to release the records.