



michigan municipal league

City, Village, Township or County of \_\_\_\_\_

### Sewer Back-Up Notice of Claim

**This form is to be made available to the public.**

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:

Designated person at your governmental agency.

**An individual that has been injured or has suffered property damage as a result of a Sewage 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 your claim.**

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**FOR OFFICE USE ONLY**

Date Received: \_\_\_\_\_

Forwarded To: \_\_\_\_\_

Date: \_\_\_\_\_

Forwarded To: \_\_\_\_\_

Date: \_\_\_\_\_

Forwarded To: \_\_\_\_\_

Date: \_\_\_\_\_