

**NOTICE OF CLAIM**

An individual who has been injured or who has suffered property damage as a result of a sewage disposal or stormwater system event must provide written notice of the event 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 will bar your claim.**

To make a claim for damages or physical injury arising from a sewage disposal or stormwater 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? YES NO

Do you claim personal injuries? YES NO

Do you have a Sump Pump? YES 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:

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

**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:**

**City of Fremont  
101 E. Main Street  
Fremont, MI 49412  
Attn: Todd M. Blake, City Manager**