



**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 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 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 Bloomfield Hills  
45 East Long Lake Road  
Bloomfield Hills, MI 48304  
Attn.: PA 222 Claim**