

NOTICE OF CLAIM FORM

CLAIMANT NAME: ____

Print All Information & Use Additional Paper If Needed

ADDRESS:
HOME TELEPHONE:
OFFICE TELEPHONE:
DATE:
INSTRUCTIONS: In order to make a claim for damages or physical injury arising from a sewage disposal system event, you must submit a NOTICE OF CLAIM which includes providing the Charter Township of Union with all information requested in this NOTICE OF CLAIM. Please review the document entitled, SEWER BACKUP CLAIMS NOTICE, which identifies the Michigan law that clarifies the conditions under which municipalities are liable for sewer backups. Therefore, please provide detailed responses to each question. Print clearly or type your responses. Use as many additional sheets of paper as is needed. All pictures submitted to support your Claim must have the following information printed neatly on the back: Who took the picture; the Date on which the picture was taken; and a phrase that describes what you believe each picture shows. The Township will not be responsible for the return of any pictures submitted with your Claim. Your NOTICE OF CLAIM must be submitted no later than 45 days from the date of the incident. All claimants must provide the following information:
2. Date / Time / Room Location of Incident:
3. Describe What Happened.
a) Please provide pictures of all areas affected by this incident. 4. Date(s) and Time(s) you notified Township of the incident.
a) Please identify the Township employee with whom you spoke each time
5. Date of Discovery of Property Damages or Physical Injury:

6. Date you contacted your Innumber of your insurance con				dress & telephone
7. Is this the first time the bas a. If you answer to nu previous occasion on which to further flooding; iii. Who, if a	mber 7 is no, pl he basement flo	ease provide the		
8. Please identify what you bincident.		defect in the s	ewer system that	caused this
a) Explain why you believe the of time to repair, correct, or re				easonable amount
9. If you are claiming that you of the incident, use the Proper damaged and provide the foll pages as necessary.	rty Damage Cla	im Form to lis	t EACH item you	are claiming was
Please Return To: CHARTER T S. LINCOLN ROAD, MT. PLE		·	RTMENT OF PUBI	LIC WORKS, 2010
I acknowledge that all the inf this Notice of Claim Form ha form as the "CLAIMANT" and With my signature I further a of Union as part of this CLAI	s been provided and has signed b ssert that all sta	I by the individe elow as the CL tements that I I	lual who has been AIMANT before nave made to the G	identified in this a Notary Public. Charter Township
CLAIMANT SIGNATURE:			Da	ate
Subscribed and sworn before	me, On this	day of	, 2014	Notary Public
In and For	County, Michi	gan My comm	ission expires:	

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

CHARTER TOWNSHIP OF UNION

PROPERTY DAMAGE CLAIM FORM

For \underline{each} item claimed to have been damaged, please provide 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. Include copy of receipt proving purchase of item.
- I. Has claimant retained the property or disposed of it? If disposed of, how and where:
- J. If disposed of, did claimant make any record of the property prior to the disposal (i.e., written description, photographs, or videos)? If yes, include copies of all such records, photographs or videotapes.
- K. If the property was retained, include photographs or videotapes of the item alleged to have been damaged.
- L. If the property was retained, has the claimant attempted to have the item repaired or cleaned?
- M. Include copies of any repair or cleaning estimates, statements, invoices or receipts for the item.