

COUNTY, CITY, TOWNSHIP, or VILLAGE NAME:  
Address

Claimant's Name: \_\_\_\_\_  
(Address)

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

\_\_\_\_\_  
\_\_\_\_\_

Dear Mr. and/or Mrs. \_\_\_\_\_:

On \_\_\_\_\_ you contacted the (county, city, village, or township) to claim that on \_\_\_\_\_ you discovered that you had suffered property damage or personal injury as a result of a sewage disposal system event. Enclosed, please find the Notice of Claim form, Damage Inventory Report and instructions for your use.

Public Act 170 of 1964, as amended by Public Act 222 effective January 1, 2002, requires that if you are seeking compensation for personal injury or property damage, you must show that the sewage disposal system had a defect; that an appropriate government agency knew, or reasonably should have known, about the defect; that the defect was not remedied by the government agency in a reasonable time; that the property damage or personal injury resulted because of the defect; and that you own and have related the value of the damaged personal property.

You are also required to comply with the notice requirements of the Act. Any claim you make must be made in writing within 45 days after the date the damage or physical injury was discovered. The written notice must contain your name, address, telephone number, the address of the affected property, the date of discovery of any property damages or physical injury, and a brief description of the claim. Please use the forms enclosed to report your claim.

Please contact us immediately should you have further questions.

Sincerely,

(Designated Agent)

(County, City, Village, or Township)