

COUNTY/CITY, VILLAGE, TOWNSHIP OF _____

NOTICE OF CLAIM

In order to make a claim for damages or physical injury arising from a sewage disposal event, this form must be completed within 45 days of the event, failure to provide proper notice will bar your claim.

All claimants must provide the following information:

Name: _____ Date: _____

Address: _____ Telephone: _____

Address of Affected Property: _____
(if different from above)

Please Briefly Describe the Claim: _____

(Complete Damage Inventory Report attached)

Date of Discovery of Property Damages or Physical Injuries: _____

Please Return To:
(Name and Address of the Appropriate Individual or
Department within the Governmental Agency)

FOR OFFICE USE ONLY

Date Received: _____

Forwarded to: _____ Date: _____

Forwarded to: _____ Date: _____

Forwarded to: _____ Date: _____

Forwarded to: _____

Date: _____