

SEWER BACKUP/OVERFLOW CLAIMS

If you contacted the Township about a sewer problem at your property causing damage or physical injury, Michigan Public Act 222 of 2001 requires the Township to send out a claim form even though the Township may not be responsible for the problem. This is to assist you in providing timely notice to the Township of a claim for damages or personal injury as a result of a sewer backup. A Sewer Backup/Overflow Claim Form is attached.

If you experience an overflow or backup of a sewage disposal system or storm water system and you intend to file a claim, any claim you make must be in writing within 45 days after the date the damage or physical injury was discovered or in the exercise of reasonable diligence should have been discovered.

Any claim submitted should be provided to the Township Clerk:

Georgetown Charter Township
Township Clerk's Office
1515 Baldwin Street
Jension, MI 49428

Georgetown Charter Township

Sewer Backup/Overflow Claim Form:

**Inventory of Damages
from a Sewer Backup or Overflow Event**

Claimants are asked to provide the following information to assist and expedite evaluation of the claim.

Today's date: _____ Date of event: _____

PERSONAL INFORMATION:

1. Claimant's full name.
2. Claimant's telephone number.
3. Address of home allegedly damaged.
4. Full name of claimant's spouse (if applicable).
5. Full names of all individuals living at the home in question.
6. Age and relationship of all persons living at the home.
7. Does claimant own the home? If yes, year of purchase and purchase price?
8. Does claimant rent the home? If yes, for how long and landlord's name and address?

INSURANCE COVERAGE:

1. Did the claimant have homeowner's or renter's insurance through any insurance company that may cover the cost?
2. Name and address of insurance company.
3. Policy number of insurance company.
4. Has any claim been made with the insurance company? If so, what is the claim number?
5. Has the insurance company made any payment on the claim? If so, what was the amount of the payment?

DAMAGE TO REAL PROPERTY, IF ANY:

1. Does the claimant contend that any real property (real estate, house or other structure) was damaged in any way as a result of the backup or overflow event?

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2. If yes, determine in detail the damage, including:
 - A. The real property damage.
 - B. The specific nature and type of damage.
 - C. The dollar amount of such damage.
 - D. Provide any records, reports or documents of such damage.
 - E. Did the claimant attempt to have the house or structure repaired or cleaned? If yes, provide any repair and/or cleaning estimates, invoices or receipts.
 - F. The name and address of any contractor, repair person or individual performing the - repairs and/or cleaning.
 - G. The total cost of all such repairs and/or cleaning to the house and structures.

PROPERTY DAMAGE:

1. For each item claimed to have been damaged, 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. Copies of receipts.
 - I. Was property retained or disposed of? If disposed of, how and where?
 - J. If disposed of, was any record made of the property prior to the disposal? (i.e., written description, photographs or videos)? If yes, provide copies of all such records, photographs or videos.
 - K. If the property was retained, provide photographs or videotape of the item(s) alleged to have been damaged.

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- L. If the item was retained, did you attempt to have the item repaired or cleaned?
- M. Provide copies of any repair or cleaning estimates, statements, invoices or receipts for the item(s).

PERSONAL INJURY OR ILLNESS, IF CLAIMED:

- 1. Does the claimant allege any illness or injury as a result of the backup or overflow event?
If yes, please provide the following information:
 - A. Did the claimant or anyone in the home have any illness or sickness (besides the common cold or flu) prior to the event?
 - B. Please describe each illness and the dates of each illness.
 - C. Provide the name and address of each hospital, physician or other medical practitioner that provided medical treatment to the claimant prior to the event.
 - D. Medical history alleged to be related to the backup or overflow:
 - 1) What ill effects, if any, does the claimant allege to have suffered as a result of the backup or overflow event?
 - 2) Provide the name and address of each physician or medical practitioner who diagnosed these ill effects.
 - 3) Provide the name and address of each physician, hospital and medical practitioner providing treatment for these ill effects and the dates of treatment.
 - 4) Will you agree to sign medical authorization forms for each hospital, physician or medical practitioner from whom you received treatment to release the records?

Dated:

_____, Claimant