



## SEWAGE DISPOSAL OR STORM WATER SYSTEM EVENT NOTICE OF CLAIM

This Notice of Claim form must be completed in full, and filed with the City of Escanaba to make a claim for property damage or physical injury resulting from a sewage disposal or storm water system event. Michigan law requires that you file this written notification within 45 days after the damage or physical injury was discovered, or in the exercise of reasonable diligence should have been discovered. If you fail to file your Notice of Claim timely, your claim will be denied.

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

DATE OF LOSS: \_\_\_\_\_

DATE OF LOSS DISCOVERED: \_\_\_\_\_

ADDRESS OF DAMAGED PROPERTY: \_\_\_\_\_  
(If different from above) \_\_\_\_\_

OWNER OF DAMAGED PROPERTY: \_\_\_\_\_  
(If different from above) \_\_\_\_\_

DESCRIPTION OF SEWER  
BACKUP: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**Mission Statement:**

Enhancing the enjoyment and livability of our community by providing quality municipal services.  
*The City of Escanaba is an equal opportunity employer and provider.*

DESCRIPTION OF  
DAMAGE: \_\_\_\_\_

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

DESCRIPTION OF ANY PERSONAL  
INJURY: \_\_\_\_\_

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

TOTAL DOLLAR AMOUNT REQEUSTED: \_\_\_\_\_

Please include invoices and receipts for costs incurred due to this event, for which you are requesting reimbursement for.

\*\*\*\*\*  
**RETURN THIS FORM TO: Jeff Lampi, P.O. Box 948, Escanaba, MI 49829**  
\*\*\*\*\*

**Municipal Office Use Only**

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

Received By: \_\_\_\_\_



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