

To make a claim for property damage or personal injury, the following information must be provided. The submission of this Notice does not guarantee that your claim will be allowed.

FOR SEWER BACKUP CLAIM ONLY - An individual who has suffered property damage or injury as a result of a sewer backup event must provide written notice of the event within 45 days after the date the damage or injury occurred or should have reasonably been discovered. Failure to provide such notice will bar your claim.

Your Information: (Please print all information)	nation) Date form completed:			
Name:	Telephone number:			
Address:				
Address of property where damage or injury occur				
Name of occupant:				
Address:				
Date of damage or injury occurred:				
Briefly describe the Claim:				
If you need more room, you may attach additional sheets)				
Additional Information for Sewer Backup Claim Depth of backup water:				
Just around drain Under 1 inch 1-2 inches	2-6 inches Other:			
Do you have: Sump pump Backflow Preventor or	r check valve Other:			
Have you had a prior backup: No Yes, when:				
more by certainy what the above information,	n this form to: Risk Manager			
o the best of my information and belief, is	C/o City Administrator's Office City of Allen Park			
complete and correct.	15915 Southfield Road			
,	Allen Park, MI 48101			
Signature of Person Submitting the Claim	- or -			
	RManagement@cityofallenpark.org			
OR OFFICE USE ONLY Date Notice Received: By	v:			
Additional Sheets Attached Yes No	**************************************			
nventory Form Attached Yes No	Revised 9/27/2018			



CITY OF ALLEN PARK INVENTORY OF DAMAGED/DESTROYED PROPERTY

THIS IS NOT A NOTICE OF CLAIM. THIS FORM MUST BE SUBMITTED WITH A NOTICE OF CLAIM FORM TO COMPLY WITH THE FOLLOWING NOTICE REQUIREMENT.

The submission of this Inventory does not guarantee that your claim will be allowed.

An individual who has suffered property damage or injury as a result of a sewer backup event must provide written notice of the event within 45 days after the date the damage or injury occurred or should have reasonably been discovered. Failure to provide such notice will bar your claim.

Your Information: (Please print all information)	Date of Damage:			
Name:				
Address of property where damage:		- W		
Please complete columns A, B and C below. You may you should submit <i>copies</i> of receipts and photographs.		onal pages if necess	necessary. If poss	ssible,
A	В	С	D	E
Item or Service	Age of Item	Initial Purchase Cost	DPR	AV
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A	В	С	D	Е
Item or Service	Age of Item	Initial Purchase Cost	DPR	AV
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I hereby certify that the above information, to the best of my information and belief, is complete and correct.

Signature of Person Submitting the Claim

Return this form with the Notice of Claim form to:
Risk Manager
C/o City Administrator's Office
City of Allen Park
15915 Southfield Road
Allen Park, MI 48101
- or RManagement@cityofallenpark.org