PΑ	222	Claim	Form

## **NOTICE OF CLAIM**

An individual who has been injured or who has suffered property damage as a result of a sewage disposal or stormwater system event <u>must</u> provide written notice of the event within 45 days after the date the damage or injury was discovered, or in exercise of reasonable diligence, should have been discovered. **Failure to provide proper written notice within 45 days will bar your claim.** 

To make a claim for damages or physical injury arising from a sewage disposal or stormwater system event, please provide the following information:

Name:	Date:					
Address:	Telephone number:					
Address of Affected Property (if different from above)						
Do you claim property damage?  YES  Do you claim personal injuries?  YES  Do you have a Sump Pump?  YES	NO NO NO					
If Yes, where does it discharge? Sanitary Sewer Storm Sewer U	Inknown Private Prop	erty (i.e. French Drain)				
Date of Discovery of Property Damages or Physical Injuries:						
Please briefly describe what happened:						
Description of Property Dama	Amount \$					
1.		\$				
2.       3.						
4.						
5.						
6.						
(Include additional pages if needed)	TOTAL:	\$				

Continued on the following page.

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DEPARTMENT OF PUBLIC WORKS
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PA 222 Claim Form						
Please	e provide the following information:					
1.	Do you own or are you in the process of buying your home?	Yes	No			
2.	Are you a tenant paying rent for your home? Yes	No				
3.	3. If you are a renter, please provide your landlord's name and address:					
4.	Name of your insurance company:					
5.	Insurance Policy Number:					
6.	6. Name and phone number of your insurance agent:					
7.	Have you filed a claim with your insurance company?	∕es No				
8.	8. If "No" give reason:					
9.	If "Yes" has the insurance company paid any portion of your c	claim? Ye	s No			
10.	. If "Yes" indicate the amount the insurance company paid					
11.	. Please provide the insurance claim number					
12.	. If the insurance company denied your claim, what was the rea	ason provided?				
Property Damage Check List:						
To ass	sist the investigation of your claim, please provide legible	copies of the f	following items:			
1.	1. Declaration Page of your Homeowner's Insurance Policy showing your deductible.					
2.	2. Clear photos of property damage.					
3.	3. Receipts for damaged items / or repairs made.					
4.	4. Proof of submission to insurance company along with payment or denial correspondence.					
This form is being provided to assist the property owner in submitting a claim and does not constitute an admission of liability, that the claim has merit, or that the property owner is entitled to damages.						
Please Return the Completed Form To:		r, E-mail To:				
City of Farmington Department of Public Works		armingtonDP	W@farmgov.com			

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33720 W. Nine Mile Road Farmington, MI 48335

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