



Dear Resident:

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

Enclosed, please find a Notice of Claim Form, a Sewer Backup Claim (Inventory of Damages), and instructions for your use.

Public Act 170 of 1964, as amended by Public Act 222 of 2001, requires that if you are seeking compensation for personal injury or property damage, you must show that the sewage disposal system had a defect; that an appropriate government agency knew, or reasonably should have known, about the defect; that the defect was not remedied by the government agency in a reasonable time; that the property damage or personal injury resulted because of the defect; and that you own and have related the value of the damaged personal property.

You are also required to comply with the notice requirements of the Act. **Any claim you make must be made in writing within 45 days after the date of the damage or physical injury was discovered. The written notice must contain your name, address, telephone number, the address of the affected property, the date of discovery of any property damages or physical injury, and a brief description of the claim. Please use the forms enclosed to report your claim.**

Before a determination can be made as to whether or not the City is liable for a particular incident and whether or not reimbursement will be made, a claim form must first be completed and submitted to the City Manager's Office.

Please contact us immediately should you have further questions.

Sincerely,

Melissa Fairbairn, Assistant City Manager
City of Birmingham
248.530.1808
mfairbairn@bhamgov.org

City of Birmingham

Sewer Backup Notice of Claim

In order to make a claim for damages or physical injury arising from a sewage disposal or storm water system event, all claimants **must** provide the following information:

Name: _____ Date: _____

Address: _____ Phone: _____

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

Please briefly describe the claim: _____

Date of Discovery of Property Damages or Physical Injuries: _____

Please return to:

City of Birmingham
151 Martin Street
Birmingham, MI 48012
Attn: Melissa Fairbairn

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FOR OFFICE USE ONLY

Date received: _____

Forwarded to: _____ Date: _____

Forwarded to: _____ Date: _____

Forwarded to: _____ Date: _____

City of Birmingham

Sewer Backup 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 and age.
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?

**Sewer Backup Claim Form:
Inventory of Damages, Page Two**

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?
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?

**Sewer Backup Claim Form:
Inventory of Damages, Page Three**

- 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.
- 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.
 - C. Please provide the dates of each illness.
 - D. Provide the name and address of each hospital, physician or other medical practitioner that provided medical treatment to the claimant prior to the event.
 - E. 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.
 - 4) Provide the dates of treatment.
 - 5) Will you agree to sign medical authorization forms for each hospital, physician or medical practitioner from whom you received treatment to release the records?

**Sewer Backup Claim Form:
Inventory of Damages, Page Four**

I am hereby claiming damages against the City of Birmingham as shown above and affirm that this information given in support of this claim is full, true and correct and do hereby waive any and all other or additional claims arising from the described incident.

Signature of Claimant

Date