



Flat Rock^{MI}

City of Flat Rock
25500 Gibraltar Road
Flat Rock, MI 48134
734-782-2455

Sewer Back-Up 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. This submission does **NOT** guarantee approval of compensation.

THIS FORM MUST BE COMPLETED WITHIN 45 DAYS OF DAMAGING EVENT

Your Information: (Please print all information)

Today's Date: _____

Name: _____

Phone Number: _____

Address: _____

Email: _____

Address of Affected Property: _____

Date of Discovery of Property Damages or Physical Injuries: _____

Depth of Water Back-up: _____ Do you have: Sump Pump Backflow Preventer/Valve

Please Briefly Describe the Claim: _____

I hereby certify that the above information is true and complete to the best of my knowledge and belief.

Claimant's Signature: _____

Return this form to:

City Clerk's Office | 25500 Gibraltar Road | Flat Rock, MI 48134 | 734-782-2455 x 6 | clerk@flatrockmi.org

Office Use Only:

Date Received: _____

By: _____