

**SEWER BACKUP CLAIM FORM**

Name of Claimant: \_\_\_\_\_

Occurrence No: \_\_\_\_\_

Address: \_\_\_\_\_

Address of Claim (if different from above): \_\_\_\_\_

When was the backup reported (time/date) \_\_\_\_\_ Reported by \_\_\_\_\_

Department response (time/date) \_\_\_\_\_ Responders \_\_\_\_\_

Conditions: \_\_\_\_\_

Cause: \_\_\_\_\_

What was done to alleviate the problem: \_\_\_\_\_

Equipment used: \_\_\_\_\_

Procedure used: \_\_\_\_\_

Normal procedure: \_\_\_\_\_ yes \_\_\_\_\_ no

Is this sewer on a regular cleaning schedule (if yes, state schedule) \_\_\_\_\_

When was this sewer last cleaned (include copies of records) \_\_\_\_\_

Are there any special problems with this section of pipe (if yes, state problems) \_\_\_\_\_

Has this section backed up previously? \_\_\_\_\_ yes \_\_\_\_\_ no Why? \_\_\_\_\_

Did you see any damage to home and contents? \_\_\_\_\_ yes \_\_\_\_\_ no What \_\_\_\_\_

How high was the water? \_\_\_\_\_ How long was it standing? \_\_\_\_\_

Did you take pictures (please include with this claim)? \_\_\_\_\_ yes \_\_\_\_\_ no

If any items were damaged, did they seem new or very used? \_\_\_\_\_ new \_\_\_\_\_ very used

Was the floor drain obstructed or any of the homeowner's pipes? \_\_\_\_\_ yes \_\_\_\_\_ no

Did the department assist the homeowner in clean up? \_\_\_\_\_ yes \_\_\_\_\_ no

What risk control measures were taken or will be taken to prevent a recurrence? \_\_\_\_\_

\_\_\_\_\_

Report taken by \_\_\_\_\_ Date \_\_\_\_\_

Please forward this claim to Michigan Municipal Risk Management Authority, 14001 Merriman Road, Livonia, MI 48154, along with any reports, pictures, documentation of cleaning and/or statement by department members; keep a copy for your files.