



Pittsfield Charter Township
Department of Municipal Services

6201 West Michigan Avenue, Ann Arbor, MI 48108
Phone: (734) 822-3101 • Fax: (734) 944-1103
Website: www.pittsfield-mi.gov

Mandy Grewal, Supervisor

Department of
Municipal Services
planning@pittsfield-mi.gov

NOTICE OF CLAIM

This *Notice of Claim* form must be completed in full and filed with the governmental agency against which you wish to make a claim for property damage or physical injury resulting from a sewage disposal system event. Michigan law requires that you file this written notification within 45 days after the damage or physical injury was discovered, or in the exercise of reasonable diligence should have been discovered. If you fail to file your written *Notice of Claim* in a timely manner, your claim will automatically be denied. Completion of this form does not provide any authorization, approval or imply that this claim will be approved.

Date: _____
Name: _____
Address: _____

Phone Number: _____

Address of Affected Property (if different from above)
Owner of Affected Property (if different from above)

Do you claim property damage YES NO

Do you claim personal injuries YES NO

Date of Discovery of Property Damages or Physical Injuries: _____

Please briefly describe the claim:

Description of Property Damage (complete attached Damage Inventory Report)

Please attach any & all pictures of damaged property as an attachment included with completed form

<i>Description of any Personal Injuries</i>	
<i>Name of Injured Person:</i>	
<i>Nature and type of injury:</i>	
<i>Date of injury:</i>	

Use additional sheets if necessary. Attach copies of supporting documents which include: date of purchases/services performed, store of purchase(s), brand name, pricing, copies of receipts, photographs, etc.

Has any claim been made with homeowners, property owners or commercial liability insurance company? If yes, please provide the following information:

Name of Insurance Company: _____
Address of Insurance Company: _____
Date Claim Was Filed: _____
Status of the Claim: _____
Name of Insurance Agent/Adjuster: _____
Address of Insurance Agent/Adjuster: _____

Please attach a copy of the insurance claim form, release, or other form of document concerning the insurance claims.

Have you, or anyone else received any payment from any insurance company for the damaged items listed on the Damage Inventory Report:

YES Amount of Payment \$ _____

Purpose of Payment: _____

NO

I certify that to the best of my knowledge, information and belief, that the above information is a true, accurate and correct statement of my total claim, damages, injury and loss.

Date: _____

Claimant's signature

Claimant's signature

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 any merit, or that the property owner is entitled to damages for the alleged loss.

Please return to:
Pittsfield Charter Township
Utilities Department
6201 Michigan Avenue
Ann Arbor, MI 48108