

In order to make a claim for damages or physical injuring arising from a sewage disposal or stormwater system event, all claims must provide the following information:

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DATE:			
NAME:			
ADDRESS:			
PHONE:			
EMAIL:			
ADDRESS OF AFFECTED PROPE (if different than above			
	IM (attach additional pages if necessary):		
DATE OF LOSS (pro	perty damage or physical injuries):		
provide written notice o	een injured or has suffered property damag f the event within 45 days after the date th een discovered. Failure to provide proper no	ne damage or injur	occurred, or in exercise of reasonable
RETURN TO:	City of Berkley Attn: City Manager's Office 3338 Coolidge Highway Berkley, MI 48072		
			Date Received
	Forwarded to: Forwarded to:		Date: Date:
	roiwaided to:		Date.