

**Notice of Claim**

To make a claim for damages or physical injury arising from a sewage disposal system event, all claimants must provide the following information:

**Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

**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:**

Washtenaw County Office of the  
Water Resources Commissioner  
P.O. Box 8645  
Ann Arbor, MI 48107-8645

An individual that has been injured, or has suffered property damage as a result of a Sewage Disposal System 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.

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**FOR OFFICIAL USE ONLY**

Date Received: \_\_\_\_\_

Forwarded to: \_\_\_\_\_ Date: \_\_\_\_\_

Forwarded to: \_\_\_\_\_ Date: \_\_\_\_\_

Forwarded to: \_\_\_\_\_ Date: \_\_\_\_\_