

**CITY OF ESSEXVILLE**

**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:

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

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

\_\_\_\_\_

Address of  
Affected Property: \_\_\_\_\_  
(if different from above)

Date of Discovery of Property Damages or Physical Injuries: \_\_\_\_\_

Please Briefly Describe the Incident leading to the Claim: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Complete the attached Detail of Claim.

**PLEASE RETURN TO:**  
  
Sarah J. Wilcox  
Essexville City Clerk  
1107 Woodside Avenue  
Essexville, MI 48732

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

**FOR OFFICE USE ONLY!**

Date received: \_\_\_\_\_

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

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

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