



CITY OF TROY NOTICE OF SEWER BACKUP CLAIM FORM

In order to make a claim for damages or physical injury arising from a sewage disposal or storm water event, all claimants must provide the following information:

Name: _____ Date: _____

Address: _____ Phone: _____

Address of Affected Property (if different from above): _____

Briefly Describe the Claim: _____

**Please Provide any Photos*

Date of Discovery of Property Damage/Physical Injury:

Please Return to:

City of Troy- City Attorney's Office

500 W. Big Beaver Rd.

Troy, MI 48084

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 discovered, or in the exercise of reasonable diligence should have been discovered. Failure to provide proper notice will bar your claim.

FOR OFFICE USE ONLY

Date Received: _____

Date Forwarded: _____ Forwarded to: _____