



SEWER BACK-UP NOTICE OF CLAIM

In order to make a claim for damages or physical injury arising from a sanitary or storm sewer, all claimants **MUST** provide the following information:

Name: _____

Date: _____

Address: _____

Phone: _____

Email: _____

Address of affected property: _____

Briefly describe claim: _____

Date of discovery of property damage or physical injury: _____

An individual that has been injured or has suffered property damage as a result of a sewer or water back-up **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.**

Please return to:
City of Ionia
Assistant Finance Director
114 North Kidd Street
P.O. Box 496
Ionia, Michigan 48846

Office Use Only
Date Received: _____
Forwarded to: _____
Date: _____