City of Grosse Pointe Park

Damage Assessment Report Form

Please fill out this form if you have damage from a sewage disposal or stormwater system event. The purpose of this reporting form is to collect information only, and is not a mechanism for any other type of reimbursement or financial assistance. Under PA 222, this form must be returned within **45 days of the event**. Failure to return this form within that period will bar your claim.

Please type or print legibly.

Date of Property Damages or Physical Injuries:

___________________________________________________

Date Property Damage or Injury Discovered it different than above: ________________________________

Name:__________________________________________ Date ________________________________

Address:________________________________________ Telephone: ________________________________

Address of Affected property if different than above: __________________________________________

Are you the ____ property owner or ______ renter.

If you are a renter, please provide the following information about the property owner:

Name:__________________________________________

Address:________________________________________ Telephone: ________________________________

Does the property have a sump pump?: _____ Yes _____ No _____ Don’t Know

Date sump pump was last serviced: _________________________

Does the property have a backwater valve?: _____ Yes _____ No _____ Don’t Know

Date backwater valve was last serviced: _________________________

Does the property have basement water proofing?: _____ Yes _____ No _____ Don’t Know

Date basement water proofing was last serviced: _________________________
Please briefly describe the damage, including a list of all personal property that you allege was damaged or destroyed and the value of each item: (attach additional pages if needed)________________________________________

___________________________________________________________________________

___________________________________________________________________________

___________________________________________________________________________

___________________________________________________________________________

___________________________________________________________________________

___________________________________________________________________________

___________________________________________________________________________

___________________________________________________________________________

___________________________________________________________________________

___________________________________________________________________________

___________________________________________________________________________

___________________________________________________________________________

Did you observe where the water entered? _____ Yes     _____ No
If yes, briefly describe: __________________________________________________________________

Have you submitted an insurance claim for the damage described above? _____ Yes     _____ No
If no, why? __________________________________________________________________________

Name of your insurance company: ______________________________________________________
Policy Number: _______________________________  Claim Number: ____________________________

What is the status of your claim: _____ Pending     _____ Approved     _____ Denied
If approved, what is the dollar amount of your approved claim: _______________________
If denied, what is the reason given for denial: __________________________________________
Did you or any member of your household sustain any physical injury, illness, and/or death due to the event? _____ Yes _____ No

If yes, what is the name of the person who was injured, became ill, or died: _______________________

If yes, describe the nature of the physical injury, illness, and/or death: _______________________

Was any medical treatment provided: _____ Yes _____ No

Please provide the following, if available:

  o Clear photographs of the damage
  o Receipts for any repairs made or damaged items
  o All correspondence with your insurance company regarding any claim
  o Declaration page of your homeowner’s insurance policy, or other proof of your deductible

This form has been provided to assist Grosse Pointe Park residents with submitting a claim and submission of a claim form does not establish any liability on the part of the City of Grosse Pointe Park, does not establish that the claim has merit, and does not establish that the claimant is entitled to damages.

RETURN TO:

City of Grosse Pointe Park
15115 Jefferson
Grosse Pointe Park, MI 48230
ATTN: City Clerk

FOR OFFICE USE ONLY

Date Received:________________________________________

Forwarded to:________________________________________