



City of Grosse Pointe Park

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:

- Clear photographs of the damage
- Receipts for any repairs made or damaged items
- All correspondence with your insurance company regarding any claim
- 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

OFFICE USE ONLY:

Date Received: _____ Forwarded to: _____