

**City of Grosse Pointe Park**

**PA 222 Claim Form**

Please fill out this form if you have damage from a sewage disposal or stormwater system event. 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 if 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: \_\_\_\_\_



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: \_\_\_\_\_

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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

**FOR OFFICE USE ONLY**

Date Received: \_\_\_\_\_

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