

**SEWER OVERFLOW/BACKUP CLAIM FORM**

Completed Form Must Be Returned To:  
City of Hamtramck Water Department  
313-876-7700  
3401 Evaline  
Hamtramck, MI 48212

Full Legal Name (s) of Claimant (s): \_\_\_\_\_

Full Address of Claimant (s): \_\_\_\_\_

Telephone Number of Claimant (s): \_\_\_\_\_

Email Address: \_\_\_\_\_

**Full Address of Affected Property:** \_\_\_\_\_

Date of Discovery of Property Damage and/or Physical Injury: \_\_\_\_\_

Brief Description of Claim:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Description of Property/Items Damaged & Cost Value & any Physical Injuries:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Claimant (s) Signature

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