

Joseph A. Rizk, Supervisor
Cynthia Bryan, Clerk
Pam Faris, Treasurer

Office -----810-686-7580
FAX -----810-686-0820
Bldg. Dept.--810-686-7676
FAX -----810-686-8856



Trustees

Nancy Belill
Laura Patterson
Sheryllynn Russo
Jeff Thomas

TO: Vienna Township Residents

If you experience an overflow or back up of a sewage disposal system or storm water system you must file a written claim with Vienna Township within 45 days after the overflow or backup was discovered. Written claim forms can be picked up at the Vienna Township Hall, 3400 W Vienna Rd., Clio, MI 48420. Upon discovery of an overflow or backup, please contact our office immediately.

Notice should be mailed to Vienna Township at 3400 W. Vienna Road, Clio, MI 48420.

Failure to provide the required notice will prevent recovery of damages.

Filing a claim does not guarantee payment.

3400 West Vienna Road | Clio, MI 48420 | www.viennatwp.com

Office Hours: M, Tu, Th - 8:00 AM – 5:00 PM, Wed – 8:00 AM – 6:00 PM, Closed Friday

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NOTICE OF CLAIM

In order to make a claim for damages or physical injury arising from a sewage disposal or storm water event all claimants **must** provide the following information:

Name: _____ Date: _____

Address: _____ Telephone: _____

Address of affected property
(if different from above) _____

Please briefly describe the claim: _____

Date of discovery of property damage or physical injury: _____

Please return to: Vienna Township
3400 W. Vienna Rd.
Clio, MI 48420

An individual that has been injured or has suffered property damage as a result of a Sewage or Water System Disposal Event **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. Failure to provide proper notice will bar your claim.

FOR OFFICE USE ONLY

Date received: _____

Forward to: _____

Date: _____

Forward to: _____

Date: _____

Forward to: _____

Date: _____

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VIENNA TOWNSHIP
INVENTORY OF DAMAGES
FROM A SEWER BACKUP OR OVERFLOW EVENT

The following information should be obtained from each claimant. The more information that is obtained and the more detailed that information, the easier it will be to evaluate the claim and defend the claim.

Today's date: _____

Date of event: _____

PERSONAL INFORMATION

Claimant's full name: _____ Age: ____

Social Security Number: _____ Telephone number: _____

Address of home allegedly damaged: _____

City: _____ Michigan, Zip Code _____

Full name of claimant's spouse: (if applicable) _____

Individuals living at the home in question:

NAME	AGE	RELATIONSHIP
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Does claimant own the home? Yes / No **If yes,** Year of purchase _____
Purchase price \$ _____

Does claimant rent the home? Yes / No **If yes,** for how long _____

Landlords name: _____
Address: _____

INSURANCE COVERAGE:

Did the claimant have homeowner's or renter's insurance through any insurance company that may cover the loss? Yes / No

Name and address of insurance company? _____
City: _____, State _____, Zip _____

Policy Number of insurance company? _____

Has any claim been made? Yes / No **If yes,** what is the claim number _____

DAMAGE TO REAL PROPERTY, IF ANY:

Does the claimant contend that any real property (real estate, house or other structure) was damaged in any way as a result of the backup or overflow event? Yes / No

If **yes**, determine in detail the damage including:

- A. The real property damage: _____
- B. The specific nature and type of damage: _____
- C. The dollar amount of such damage: \$ _____
- D. Obtain any records, reports or documents of such damage:
- E. Did the claimant attempt to have the house or structure repaired or cleaned? Yes / No
If **yes**, obtain any repair and/or cleaning estimates, invoices or receipts:
- F. The name and address of any contractor, repairman or individual performing the repairs and/or cleaning:

- G. The total cost of all such repairs and/or cleaning to the house and structures: \$ _____

PROPERTY DAMAGE:

Describe each and every item of personal property they claim to have been damaged as a result of the backup or overflow event.

For **each item** claimed to have been damaged, determine the following:

- A. Description _____
- B. Date of purchase _____
- C. Store of Purchase _____
- D. Quantity purchased _____
- E. Brand name _____
- F. Serial number _____
- G. Purchase price \$ _____
- H. Obtain copies of receipts proving purchase of the item?
- I. Did claimant retain the property or dispose of it? If disposed of, how and where?

- J. If disposed of, did the claimant make any record of the property prior to the disposal (I.e.) written description, photographs, or videos)? _____

If **yes**, obtain copies of all such records, photographs or videotapes.
- K. If the property was retained, obtain photographs or videotape of the item alleged to have been damaged.
- L. If the item was retained, did the claimant attempt to have the item repaired or cleaned? _____
- M. Obtain copies of any repair or cleaning estimates, statements, invoices or receipts for the item.

PERSONAL INJURY OR ILLNESS, IF CLAIMED:

Does the claimant allege any illness or injury as a result of the backup or overflow event? Yes / No

If **no**, do not obtain any further information. If **yes**, obtain the following information:

- A. Did the claimant or anyone in the home have any illness or sickness (besides the common cold or flu) prior to the event? Yes / No
- B. Describe each illness, dates of illness and name and address of each hospital, physician or other medical practitioner that provided treatment to the claimant prior to the event.

<u>Date</u>	<u>Illness</u>	<u>Medical Care Facility and Address</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

- C. Medical history alleged to be related to the backup or overflow:

1. What ill effects, if any, does claimant allege to have suffered as a result of the backup or overflow event? _____

2. Physicians or Medical Practitioners who diagnosed these ill effects.

<u>Name</u>	<u>Address</u>
_____	_____
_____	_____

3. Physician or Medical Practitioner providing treatment for these ill effects.

<u>Name</u>	<u>Address</u>
_____	_____
_____	_____
_____	_____

4. Obtain the dates of treatment. _____

5. Have the claimants sign medical authorization forms for each hospital, physician or medical practitioner from whom they received treatment to release the records.