



Detroit Water & Sewerage Department

Maintenance & Repair Division, Claims Section

6425 Huber Ave, Detroit, MI 48211

Phone: (313) 267-7401

Fax: (313) 267-6284

Date: __/__/20__

Claimant's Name: _____
Claimant's Address: _____
Address of affected Property: _____
[] Same as above.

Dear Mr./Mrs./Ms. _____,

On __/__/20__, you contacted the City of Detroit Water and Sewerage Department ("City") to file a claim alleging that on __/__/20__ it was discovered that you had sustained property damage or personal injury as a result of an overflow or backup of a sewage disposal system. Enclosed is a claim form that you must complete and return to the City as directed on the form¹.

Michigan law requires that if you are seeking compensation for property damage or personal injury caused by a sewer overflow or backup, you must show that:

- 1. The City is a governmental agency that, at the time of the overflow or backup, owned or operated, or directly or indirectly discharged into, the portion of the sewage disposal system that allegedly caused damage or physical injury;
2. The sewage disposal system had a defect;
3. The City knew, or reasonably should have known, about the defect;
4. The City did not take reasonable steps in a reasonable time to remedy the defect;
5. The defect was 50% or more the cause of the event and the property damage or personal injury; and
6. You have reasonable proof of ownership and the value of the damaged personal property.

The law further requires that you comply with certain notice requirements. This means that any claim you make to the City must be made in writing within 45 days after the date the property damage or physical injury was discovered. The written notice must contain your name, address, telephone number, the address of the affected property, the date of discovery of any property damage or physical injury, and a brief description of the claim.

Within two weeks of receipt of your completed claim form and all required supporting documents, the Water and Sewerage Department Claims Section will send you a letter notifying you of your claim number. We will then review the submitted documents, conduct our investigation, and process your claim in approximately 90 days. Thereafter, you will be notified in writing of the City's decision on your claim.

If at any time during this process you have questions, please contact our Claims Section representatives at (313) 267-3676. So that we may better assist you, please have your claim number available when you call.

Sincerely,

_____, Supervisor
Telcom Center, Water Systems Maintenance

¹ The Adobe Acrobat (pdf) version of this form is also available for downloading at www.dwsd.org