

**Any citizen having experienced an overflow or backup of sewage disposal system or storm water system must file a written claim with the City of South Lyon within 45 days after the overflow or backup was discovered or in the exercise of reasonable diligence should have been discovered. Notice should be mailed to:**

**City of South Lyon  
Attn: City Manager/Clerk  
335 S Warren  
South Lyon, MI 48178  
248-437-1735**

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

**Contact the City Clerk's office at 248-437-1735, 335 S Warren, the Department of Public Works at 248-437-6914 immediately upon discovery of an overflow or backup.**

The City of South Lyon  
Sewage Disposal or Storm Water System Event

**NOTICE OF CLAIM**

This notice of claim form must be completed in full and filed with the government agency which you wish to make a claim for property damage or physical injury resulting from a sewage disposal or storm water system event. Michigan Law requires that you file this written notification within 45 days after the damage or physical injury was discovered, or in the exercise of reasonable diligence should have been discovered. If you fail to file your notice of claim in a timely manner, your claim will be denied.

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

DATE OF LOSS: \_\_\_\_\_ DATE LOSS DISCOVERED \_\_\_\_\_

ADDRESS OF DAMAGED PROPERTY: \_\_\_\_\_

(IF DIFFERENT THAN ABOVE): \_\_\_\_\_

OWNER OF DAMAGED PROPERTY: \_\_\_\_\_

(IF DIFFERENT THAN ABOVE): \_\_\_\_\_

DESCRIPTION OF SEWER BACKUP: \_\_\_\_\_

\_\_\_\_\_

DESCRIPTION OF DAMAGE TO BUILDINGS/PERSONAL PROPERTY: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

DESCRIPTION OF ANY PERSONAL INJURES: \_\_\_\_\_

RETURN THIS FORM TO:

The City of South Lyon  
Clerk's office  
335 S Warren  
South Lyon, MI 48178



# LIABILITY CLAIM / INCIDENT REPORT

\*Use this form to report: 1) any claim which caused bodily injury or property damage to a Claimant or 2) any incident that has potential to cause bodily injury or property damage to a Claimant.

(1) Name of MMRMA Member:	(2) Member Department:	(3) Member Department Phone #:	(4) Reported By:
(5) Exact Location of Claim/Incident:	(6) Date of Claim/Incident:	(7) Time of Incident: A.M. <input type="checkbox"/> P.M. <input type="checkbox"/>	(8) Date Reported By Department:

(9) **TYPE OF CLAIM:**  
 Bodily Injury     Civil Rights Complaint     Open Meetings Act     Zoning Dispute     Personal Injury  
 Property Damage     EEOC/MDCR Complaint     Freedom of Information Act     Land Use Dispute     Data Breach / Cyber

Claim  Notice Only

**CLAIMANT INFORMATION**

(10) Claimant's Name:	Claimant's Address:	Claimant's Telephone #:
Name of Parent or Guardian (if applicable):		Cell #: Home #: Work #:

BODILY INJURY INFORMATION		PROPERTY DAMAGE INFORMATION	
(11) Claimant's Age:	Date of Birth:	(18) Describe Property Damaged:	
(12) Describe Injury:		(19) Cause of Damage:	
(13) Part of Body Injured:		(20) Extent of Damage:	
(14) Claimant's Employer:	(15) Claimant's Occupation:	(21) Estimated Cost to Repair:	(22) Actual Cost to Repair:
(16) Did Claimant Lose Work Time? Yes <input type="checkbox"/> No <input type="checkbox"/>	(17) Claimant Social Security #:	\$	\$

(23) Name of Witness:	Witness Address:	Witness Telephone #:
1)		
2)		
3)		

(24) Photographs Taken? Yes <input type="checkbox"/> No <input type="checkbox"/> Photographs Attached? Yes <input type="checkbox"/> No <input type="checkbox"/>	(25) Other Supporting Documents? Yes <input type="checkbox"/> No <input type="checkbox"/> Supporting Documents Attached? Yes <input type="checkbox"/> No <input type="checkbox"/>	(26) Police Report #: Police Report Attached? Yes <input type="checkbox"/> No <input type="checkbox"/>
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(27) Please describe in detail how the claim/incident occurred (attach any supporting data):

(28) <b>LAWSUIT</b>	D. Please List Employees / Officials of Member who are Identified on the Complaint:	
	1)	6)
	2)	7)
	3)	8)
	4)	9)
5)	10)	

(29) Submitted by:	(30) Title:	(31) Date:
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