

In order to make a claim for damages or physical injuring arising from a sewage disposal or stormwater system event, all claims must provide the following information:

DATE:		
NAME:		
ADDRESS:		
PHONE:		
EMAIL:		
ADDRESS OF AFFECTED PROPE (if different than above	Y	
DESCRIRE THE CLA	(attach additional pages if necessary):	
DESCRIBE THE CEA	i (uttuen uuuttonut puges t <sub>i</sub> netessury).	
DATE OF LOSS 6		
An individual that has l provide written notice (	ty damage or physical injuries):	ewage disposal or storm water event must ury occurred, or in exercise of reasonable
RETURN TO:	City of Berkley Attn: City Manager's Office 3338 Coolidge Highway Berkley, MI 48072 CMO@berkleymi.gov	