



# Detroit Water & Sewerage Department

Office of the General Counsel

735 Randolph, Suite 901 Detroit, MI 48226

Phone: (313)964-9890

Email: DWSD-CustomersClaims@detroitmi.gov

## CLAIM FORM PLEASE PRINT OR TYPE

Sir/Madam:

FOR OFFICE  
USE ONLY

DWSD Claim Number: \_\_\_\_\_ Date: \_\_/\_\_/20\_\_

Claim is hereby made against the Detroit Water & Sewerage Department (DWSD) due to the following happening or discovered on: \_\_/\_\_/20\_\_ at \_\_:\_\_:  AM  PM

1. Address of affected property including cross streets.

2. Explain in detail what happened. Use additional sheets if necessary.

3. Description of Claim. List in detail the damages, and provide a dollar value next to each item. Use additional sheets if necessary.

4. Total amount of claim: \$

Note: Please provide legible copies of receipts for items damaged, copies of at least two estimates for repair or replacement of items damaged, clear pictures of property damage, and copies of any receipts for expenses related to the incident such as cleanup costs, plumber's services, etc.

5. Answer the following if this claim involves flooding of your home or business.

Do you have a basement?  Yes  No

If you had water in the basement, what was average depth? \_\_\_\_ feet \_\_\_\_ inches

If you had flooding from a sewer backup, did it rain that day?  Yes  No

If you had flooding for reason other than a sewer backup, explain:

Did you contact DWSD about the incident?  Yes  No

If "Yes," give date, time, and phone number you called: \_\_\_\_\_

Did someone from DWSD respond to the call(s)?  Yes  No

If "Yes," what did they do? \_\_\_\_\_

An individual who has sustained property damage or has been injured as a result of a sewage disposal system event **must** provide written notice of the event within **45 days** after the date the damage or injury was, or in the exercise of reasonable diligence should have been discovered. Failure to provide proper notice may bar your claim.

6. **List the full names of all individuals living in this dwelling.**  
Use additional sheets if necessary.

	(First name)	(Initial)	(Last name)	(Relationship)	(Age)
1.					
2.					
3.					
4.					
5.					

7. **Own/buying the home?**  Yes  No If "Yes," Year of purchase \_\_\_\_\_ and Purchase price \$ \_\_\_\_\_

8. **Do you rent the home?**  Yes  No If "Yes," for how long? \_\_\_\_\_ Years, \_\_\_\_\_ Months and \_\_\_\_\_ Days  
Landlord's Name: \_\_\_\_\_  
Landlord's Address: \_\_\_\_\_

9. **List all known witnesses of incident.**  
Use additional sheets if necessary.

	(Name)	(Address)	(Daytime Phone No.)
1.			
2.			
3.			
4.			

10. **Name of your Insurance Company and Details:**

Name: \_\_\_\_\_ Policy Number: \_\_\_\_\_

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

Name of agent: \_\_\_\_\_

Phone number: \_\_\_\_\_

Type of coverage: \_\_\_\_\_

Amount of deductible: \$ \_\_\_\_\_

Have you filed a claim with your insurance company for damages?  Yes  No

If "No," give reason: \_\_\_\_\_

If "Yes," has the insurance company paid any portion of the damage?  Yes  No

If "Yes," indicate the amount the insurance company paid: \$ \_\_\_\_\_

What is the insurance claim number? \_\_\_\_\_

If "No," what reason did they give for turning down your claim? \_\_\_\_\_

11. **Did you take photos of the damage?**  Yes  No, If "Yes," please forward them

12. **Submitted by:**

	(First name)	(Initial)	(Last name)	(Age)

**Claimant's Signature**

\_\_\_\_ / \_\_\_\_ / 20 \_\_\_\_

Date

(Street address) \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip code) \_\_\_\_\_

(Home phone number) \_\_\_\_\_ (Daytime phone number) \_\_\_\_\_

Please mail completed form to: **Detroit Water and Sewerage Department**  
**Office of the General Counsel**  
735 Randolph, Suite 901 Detroit, MI 48226

**Property Damage Check List:**

To assist DWSD in expediting the investigation of your claim, please provide the item(s) indicated or **legible copies** of the following item(s)

- |                                                                                                                  |                                                                   |
|------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|
| <input type="checkbox"/> Declaration Page of the Homeowner's Insurance Policy ( <b>showing your deductible</b> ) | <input type="checkbox"/> Receipts for damaged items/repairs made  |
| <input type="checkbox"/> Clear Pictures of property damages ( <b>original photos</b> )                           | <input type="checkbox"/> Itemized list of damages                 |
| <input type="checkbox"/> Two (2) estimates for repairs needed                                                    | <input type="checkbox"/> Proof of submission to insurance company |
| <input type="checkbox"/> Claim amount                                                                            | <input type="checkbox"/> <b>(payment/denial correspondence)</b>   |