SANITARY SEWER - INFORMATION & CLAIM FORM

The following information is being provided pursuant to Act 222 of Public Acts of 2001.

Section 19(1) of the Act states in part; "(T)o facilitate compliance with this section, a governmental agency owning or operating a sewage disposal system must make available public information about the provision of notice under this section." Section 29-136 of the City of Allegan Code of Ordinance - Construction Specifications; Ordinance Number 423 (4.6) (7-25-11)

If you experience an overflow or back up of a sewage disposal system, and you feel that you may have a claim for damages as a result of that sanitary sewer backup you must file such claim in writing with the City Manager within 45 days after the overflow or back up was discovered or when in the exercise of reasonable diligence the back up or overflow should have been discovered. Written notice by claimants must contain the information required by Section 19 (2)(c) of the Act or recovery of damages may be prevented. A claim form stating the information required and a copy of Act 222 of 2001 may be obtained at City Hall or by using the links on this page.

Claims should be mailed or delivered to:

City Manager
City of Allegan
231 Trowbridge
Allegan, MI 49010

Please be sure to provide as much information and documentation of claims as possible. Dated pictures may also be helpful.

Information you provide will be provided to our insurance carrier. Under our insurance policy, the carrier retains the right to accept or reject claims as allowed under the law. Should claims be rejected by the carrier, they may be appealed to the City Council by filling such an appeal with the City Manager.

Thank you.
City of Allegan
Sanitary Sewer Back Up Claim
Form Notice of Claim of Sewer Back Up

Name: ________________________________
Address: ______________________________

______________________________
Address of Affected Property: ______________________________
(If different than above)

Date/Time of Discovery of Property Damages or Physical Injuries: ______________________________

______________________________

Please attach other information and documents as may be necessary to support your claim.

Return this form: City Manager
City of Allegan
231 Trowbridge
Allegan, MI 49010

An individual that has been injured or has suffered property damage as a result of a Sanitary Sewage 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: __________________
Forwarded to: __________________ Date: ________________
Forwarded to: __________________ Date: ________________