



City of Grosse Pointe Woods
20025 Mack Plaza
Grosse Pointe Woods, MI 48236
313 343-2440

Dear Resident/Business Owner:

Public Act 170 of 1964, as amended by Public Act 222 effective January 1, 2002, requires that if you are seeking compensation for personal injury or property damage, you must show that the sewage disposal system had a defect; that an appropriate government agency knew, or reasonably should have known, about the defect; that the defect was not remedied by the government agency in a reasonable time; that the property damage or personal injury resulted because of the defect; and that you own and have relayed the value of the damaged personal property. Enclosed is a Notice of Claim form, Damage Inventory Report, and instructions for your use.

You are also required to comply with the notice requirements of the Act. Any claim you make must be made in writing within 45 days after the date the damage or physical injury was discovered. The written notice must contain your name, address, phone number, address of the affected property, date of discovery of any property damage or physical injury, and a brief description of the claim provided to report your claim.

Please contact the City Clerk's Office at (313) 343-2440 or cityclerk@gpwmi.us immediately should you have further questions.

Enclosures



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NOTICE OF CLAIM

To make a claim for damages or physical injury arising from a sewage disposal event, this form must be completed within 45 days of the event. Failure to provide proper notice will bar your claim. All claimants must provide the following information. (Please write legibly.):

Name: _____ Date: _____

Address: _____ Phone: _____

Address of affected property if different from above: _____

Date property damages or physical injuries were discovered: _____

Briefly describe the claim: _____

A Damage Inventory Report is attached and required to file a claim.

Return all claim documents to cityclerk@gpwmi.us, or:

City Clerk
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20025 Mack Plaza
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FOR OFFICE USE ONLY: Date received _____

Sent to/date: _____

Sent to/date: _____

Sent to/date: _____

