

DORR/LEIGHTON WASTEWATER AUTHORITY

4451 12th Street, Suite A

Wayland, MI 49348

Phone 616-891-8238

Fax 616-891-2143

RE: Claims for Sewage Disposal System Event Effecting Private Property

Dear Resident:

Thank you for notifying the Dorr-Leighton Wastewater Authority (DLWA) that you wish to file a claim resulting from a sewage disposal system event. The DLWA is required to follow procedures in Michigan Law Public Act 170 of 1964 as amended by Public Act 222 of 2001 popularly named the "Governmental Immunity Act" (enclosed) in order to consider your claim.

In order to seek compensation for your damaged property, you must notify us in writing using the enclosed Claim Form **within the 45 days after the date when the damage was discovered or should have been discovered**. The packet of required information should be sent to DLWA Office to my attention at the address listed below.

If you have not already done so, please contact your insurance carrier to determine any coverage you may already have to help offset this loss. Your claim should include a written response from the insurance company as evidence that this has been completed.

Once your claim and documentation are submitted, your file will remain open until the Authority's insurance carrier completes its investigation and provides its final determination on the event. **Please keep in mind there are no guarantees of payment by receiving the enclosed form.** The Authority and its insurance carrier evaluates each claim on an individual basis after collecting and assessing the pertinent facts concerning the event. Once the evaluation of the claim is completed, you will be provided with a written response addressing your claim. Again, thank you for taking the time to comply with our procedures. We look forward to working with you.

Sincerely,

MaryLou Nieuwenhuis, DLWA Clerk

(616) 891-8238

clerk@leightontownship.org

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Enclosures

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Sewer Backup Claim Form

Name _____ Employer _____

Address _____ City/State _____ Zip Code _____

Email _____ Phone (1) _____ Phone (2) _____

Date of Birth _____ Preferred Contact (Phone or Email) _____

Date of Incident: _____ Address Where Loss Occurred: _____

How Did Loss Occur:

- Sewer backed up through floor drain.
- Sewer backed up in the street onto/into my property
- Other: _____

Any Witnesses? (Include Name and Contact Info) _____

Did you contact any DLWA Personnel:

Identify Contact Person/Date: _____

Damages-Specifically list the damages

What costs or bills incurred? _____

YOU MUST CONTACT YOUR INSURANCE COMPANY TO VERIFY ANY COVERAGE

Name of your insurance company and agent: _____

Please state the total amount you are claiming from the Authority: \$ _____

(Have you included: PHOTOS/ESTIMATES/RECEIPTS/INSURANCE POLICY/PRIOR BACKUP HISTORY)

I hereby swear that the above information is true under penalty of law.

Signed: _____ Date: _____