

Allen Park Belleville Brownstown Twp. Dearborn Heights Ecorse Lincoln Park	<h1>Downriver Utility Wastewater Authority</h1> <p>25605 Northline Road • Taylor, Michigan 48180</p>	River Rouge Riverview Romulus Southgate Taylor Van Buren Twp. Wyandotte
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Sewage Disposal System Events

Public Act 170 of 1964, as amended by Public Act 222 of 2001, requires that a person seeking compensation from the Downriver Utility Wastewater Authority (“DUWA”) for personal injury or property damage caused by a sewage disposal system event must provide written notice to DUWA within 45 days of the date the injury or damage occurred or was discovered. The written notice must contain your name, address, telephone number, the address of the affected property, the date of discovery, and any physical injuries or property damage you allege to have been caused by the sewage disposal system event. The written notice should also contain a brief description of the claim. **The written notice must be submitted to the DUWA within 45 days. Otherwise, you may be precluded from recovering any damages you may be entitled to and you may be otherwise be barred from any other claim you may have. A written notice form is attached for your use. Please send written notice by mail or email to the DUWA System Manager as follows:**

MAILING: DUWA System Manager
c/o Downriver Wastewater Treatment Facility
797 Central St
Wyandotte, MI 48192

EMAIL: system.manager@duwauthority.org or
asst.system.manager@duwauthority.org

No other individual, agency, authority, department, district, or office is authorized by DUWA to receive notice under the Act.

While DUWA owns and operates the Downriver Sewage Disposal System, DUWA does not own or operate any local collection systems. Thus, your local municipality or service provider should be notified of your claim directly. Your direct provider is usually the agency who sends your water and sewer bills. If you do not know your direct service provider, please contact your municipality.

Downriver Utility Wastewater Authority

25605 Northline Road
Taylor, MI 48180

CLAIM FORM

PLEASE PRINT OR TYPE

Sir/Madam:

FOR OFFICE
USE ONLY

DUWA Claim Number: _____ Date: __/__/20__

Claim is hereby made against the Downriver Utility Wastewater Authority (DUWA) 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 caused by a water main break in the area, where was the break located?

If you had flooding for reason other than a sewer backup or a water main break, explain:

Did you contact DUWA about the incident? Yes No

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

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

If "Yes," what did they do? _____

State law requires that 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 a claim within 45 days after the damage or injury was discovered, or in the exercise of reasonable diligence should have been discovered. Failure to provide proper notice in accordance with state law 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:**
I hereby certify that the information provided on this form is true and accurate to the best of my knowledge.

	(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: **System Manager**
 c/o Downriver Wastewater Treatment Facility
 797 Central St, Wyandotte, MI 48192

or email to: **system.manager@duwauthority.org**
asst.system.manager@duwauthority.org

Property Damage Check List:

To assist DUWA 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 (showing your deductible)	<input type="checkbox"/> Receipts for damaged items/repairs made
<input type="checkbox"/> Clear Pictures of property damages (original photos)	<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"/> (payment/denial correspondence)