

Allen Park Belleville Brownstown Twp. Dearborn Heights Ecorse Lincoln Park	<h2 style="margin: 0;">Downriver Utility Wastewater Authority</h2> <p style="margin: 0;">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: OHM Advisors  
 c/o DUWA System Manager  
 34000 Plymouth Rd  
 Livonia, MI 48150

EMAIL: [DUWA@OHM-Advisors.com](mailto:DUWA@OHM-Advisors.com)

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

DUWA@OHM-Advisors.com

## 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)
<b>Claimant's Signature</b>				
	(Spouse's first name)	(Initial)	(Last name)	(Age)
	(Street address)	(City)	(State)	(Zip code)
	(Home phone number)	(Daytime phone number)		

Please mail completed form to:

**OHM Advisors**  
 c/o DUWA System Manager  
 34000 Plymouth Rd, Livonia, MI 48150 or email at: DUWA@OHM-Advisors.com

**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 ( <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"/> (payment/denial correspondence)          |