

In order to make a claim for damages or physical injury arising from a **sewage disposal or storm water system event**, all claimants must provide the following information:

Date:	Name:		Telephone: _	
Address:				
Address of th	e Affected Property (if differen	t from abov	re)	
Is the Claima	int the owner, renter, or caretal	cer?		
Name of Ow	ner (if different from above):			
Address of O	wner (if different from above):			
Briefly describ	pe the claim including circumst	ances whic	h caused the damages:	
Date of disco	overy of property damages or p	hysical inju	ry:	_
event must p	that has been injured or has subrovide written notice of the event exercise of reasonable diligent ar your claim.	ent within 4	5 days after the date the	damage or injury
Please Return	n to: City Manager, City of Hand	cock, 399 G	ouincy Street, Hancock, M	11, 49930
**************************************				For Office
·	ed:			
Forwarded to	o:		Date:	_
Forwarded to:			Date:	<u> </u>
Notice Giver	n to Insurance Carrier: Yes	No	Date:	_
Notice Giver	n to Municipal Attorney: Yes	No	Date:	_
Notice Civer	to System Supervisor: Ves	No	Date:	