



Sewer Back-up Claim Form

This form is to be made available to the public.

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

Name: _____ Date: _____

Address: _____ Telephone: _____

Address of Affected Property: _____
(if different from above)

Please Briefly Describe the Claim: _____

Date of Discovery of Property Damages or Physical Injuries: _____

Please Return To:
Kalamazoo Lake Sewer & Water Authority
Attn: Office Manager
6449 Old Allegan Rd
Saugatuck MI 49453
(269) 857-2709

An individual that has been injured or has suffered property damage as a result of a sewage Disposal Event must provide written notice of the event within 45 days after the date the damage or injury was, or in exercise of reasonable diligence should have been, discovered. Failure to provide proper notice will bar your claim.

FOR OFFICE USE ONLY

Date Received: _____

Forwarded To: _____ Date: _____

Forwarded To: _____ Date: _____