

CITY OF ANN ARBOR CLAIM REPORTING FORM

PERSONAL INFORMATION

*CLAIMANT(S)'S NAME: _____
* Address: _____
* Phone Number: _____ Fax Number: _____
Email address: _____

PROPERTY OWNER'S NAME (if different than claimant): _____
Address: _____
Phone Number: _____ Fax Number: _____ Email address: _____

Name of your Insurance Company: _____
Insurance Company Phone Number _____ Policy Number: _____

CLAIM INFORMATION

- | | | |
|--------------------------|-----------------------|---------------------------------------|
| | <u>Standard Claim</u> | <u>Sewer Claim</u> |
| <input type="checkbox"/> | Vehicle Damage | <input type="checkbox"/> Sewer Backup |
| <input type="checkbox"/> | Personal Injury | |
| <input type="checkbox"/> | Property Damage | |

Amount of claim \$ _____
Where did the incident occurred? _____
*Date of incident _____ Time of incident _____
Date property damage and/or physical injury was discovered _____
*Affected property _____

Brief description of incident: (Include the facts and reason why you think the City is liable for payment for the injury, damage or claim). (Attach itemized charges, damages, receipts, photos, repair estimates, etc.)

(Vehicle Claims) Vehicle damage claims must provide the police accident report or number, if any. Attach at least two (2) estimates for repair. Please state if the vehicle was parked or moving at the time of the incident.

I(we) declare the above statements are true to the best of my(our) knowledge.

Signature(s) of Claimant

Date

* The above marked information is required to be provided by Public Act 222 of 2001; MCL 691.1416 – 691-1419.

Forms must be submitted to:
Office of the City Clerk, City Hall, 100 N. Fifth Avenue, PO Box 8647-48107, Ann Arbor, MI 48107
Or fax to 734-997-1271

ACCEPTANCE OF THIS REPORT BY THE CITY IS NOT AN ADMISSION OF LIABILITY AND DOES NOT WAIVE ANY OTHER NOTICE REQUIREMENTS TO THE CITY UNDER MICHIGAN LAW.