

# 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, 301 E. Huron St., 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.**