



FERNDALE

The City of Ferndale, Michigan
300 East Nine Mile Road
Ferndale, Michigan 48220
(248) 546-2525
www.ferndalemi.gov

August 12, 2014

Dear Resident:

The City of Ferndale regrets that you have experienced a sewer disposal or storm water system event. We strongly urge you to check with your homeowner's insurance policy to see if coverage is provided.

It is the property owner's responsibility to use reasonable precautions to preserve and protect the damaged property and take all necessary steps to reduce further damage.

Current Michigan Law, Public Act 170 of 1964, as amended by Public Act 222 of 2001, requires that persons seeking compensation for personal injury or property damage, must show that all of the following existed at the time of the event:

- The City of Ferndale at the time of the event owned or operated, or directly or indirectly discharged into, the portion of the sewage disposal system that allegedly caused damage or injury.
- The sewage disposal system of City of Ferndale had a construction, design, maintenance, operation or repair defect.
- The City of Ferndale knew, or in the exercise of reasonable diligence should have known, about the defect and failed to take reasonable steps in a reasonable amount of time to repair, correct or remedy the defect.
- The defect must be 50% or more of the cause of the event and the damage or injury.

This law requires that you notify the City in writing within **45 days after the date the damage or physical injury was discovered**, or should have been discovered, of your intent to file a claim. A *Notice of Claim* form is attached for your use. The form must contain your full name, address, telephone number, the address of the affected property, the date of discovery of any property damage or physical injury, and a brief description of the claim.

City of Ferndale field employees are not permitted to authorize repairs, clean-up or replacement of damaged items. All authorizations must be made by the designated officials of the City of Ferndale.

J. Cherilynn Brown, City Clerk

248-546-2381

cbrown@ferndalemi.gov

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Please note that City Hall business hours are Monday - Thursday, 8:00 a.m. - 5:30 p.m



CLAIM / INCIDENT REPORT

Note: Use this form (1) to report any claim which caused bodily injury or property damage or (2) to report any incident which has the potential to cause bodily injury or property damage.

(1) Name of Member	(2) Department	(3) Phone Number	(4) Reported By
(5) Exact Location of Claim/Incident	(6) Date of Claim/Incident	(7) Time: A.M. <input type="checkbox"/> P.M. <input type="checkbox"/>	(8) Date Reported

PERSONAL INJURY Claim <input type="checkbox"/> Incident <input type="checkbox"/>		PROPERTY DAMAGE Claim <input type="checkbox"/> Incident <input type="checkbox"/>	
(9) Name and Address of Injured Person or Claimant		(15) Property Damaged	
		(16) Nature of Damage	
(10) Occupation	(11) Phone		
(12) Nature of Injury	(13) Age	(17) Extent of Damage: total loss of vehicle	
(14) Part of Body Injured		(18) Estimated	(19) Actual Cost
(20) Witnesses Names and Addresses	1) 2) 3) 4)	Phone No: Phone No: Phone No: Phone No:	

(21) Describe clearly how the claim/incident occurred (attach any supporting data)	POLICE REPORT NUMBER

Evaluation (22) Loss Potential Major <input type="checkbox"/> Serious <input type="checkbox"/> Minor <input type="checkbox"/>	(23) Probable Recurrence Frequent <input type="checkbox"/> Occasional <input type="checkbox"/> Rare <input type="checkbox"/>
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(24) Suggestions or actions taken to prevent recurrence	(25) LAWSUIT
	A. Date of Service
	B. Method of Service (Personal or Mail)
	C. Name of Person Served

(26) Submitted by:	(27) Date	(28) M.M.R.M.A. Reviewed	(29) Date
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