

NOTE: Read entire claim form before completing

CLAIM FOR DAMAGES - SEWER

Mail To: Legal Department
City Hall
400 Robert D Ray Drive
Des Moines, IA 50309

Name: _____

Home Address: _____ phone _____
(number & street) (city, state, zip)

Business Address: _____ phone _____
(number & street)(city, state, zip)

When did damage occur? Give full particulars; date, time of day: _____

Where did damage occur? _____

Weather conditions (If raining, indicate duration and amount of rainfall, if known): _____

How did damage occur? _____

Name of City employee(s) with knowledge as to how damage occurred: _____

Total amount of damage claimed \$ _____ (Please attach Property Inventory form)

Did City sewer crews investigate this claim? _____ Time and Date of Investigation: _____

Name(s) of City employee(s), if known: _____

Substance of conversation with City crews, if any: _____

Depth of water: _____ Type of water (clear, muddy, etc.): _____

Was there sewer odor in your residence? _____ Do basement drains contain backwater valves? _____

Does your home or basement contain footing drains? _____

List prior back-ups or sewer water problems _____

Did water seep through the foundation walls? _____ If yes, describe the extent of seepage: _____

Did you call the City with reference to this claim? _____ If yes, when? _____

When was the last time your private sewer laterals were rodded or cleaned? _____

By whom? _____

Insurance payments, if any: \$ _____ Date paid: _____

Insurance Company: _____

(Co. name)(address) (city,state,zip)

Claimant Signature: _____ **Date:** _____

Claimant Signature: _____ **Date:** _____

