



*City of*  
**GRAND HAVEN, MICHIGAN**

**SEWER BACKUP/WATER DAMAGE CLAIM FORM**

**Please return application to: City of Grand Haven Clerk's Office**  
**519 Washington Avenue**  
**Grand Haven, MI 49417**  
**Phone: 616-847-4886**  
**Fax: 616-842-0648**  
**Email: [clerk@grandhaven.org](mailto:clerk@grandhaven.org)**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Best Way to Contact You (Phone or Email): \_\_\_\_\_

Date of Incident: \_\_\_\_\_ Address of Incident: \_\_\_\_\_

How Did Loss Occur:

- ☐ Sewer backed up through floor drain
- ☐ Sewer backed up in the street and flowed over into my property
- ☐ Water main in the street broke
- ☐ Water service to the property broke
- ☐ Other: \_\_\_\_\_

Describe the Damages (Specifically list the damages):

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Estimated Cost: \_\_\_\_\_

Did you contact any City Department? If so, who and when?

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Witnesses (Name and Contact Information):

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Other Comments:

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Please include documentation regarding your claim (Homeowners Declaration Policy, Photos, Estimates/Receipts, Previous Backup History)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_