

**CITY OF MARSHALL  
NOTICE OF CLAIM**

To make a claim for damages or physical injury arising from a sanitary sewage disposal system event all claimants must provide the following information:

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

\_\_\_\_\_

Address of affected property \_\_\_\_\_  
(if different from above)

\_\_\_\_\_

Please briefly describe the claim: \_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date of discovery of property damages or physical injuries: \_\_\_\_\_

An individual that has been injured or has suffered property damage as a result of a Sewage Disposal Event must provide written notice of the event within 45 days after the date the damage or injury was or in exercise of reasonable diligence should have been discovered. Failure to provide proper notice will bar your claim. Filing a claim does not guarantee payment. A City of Marshall representative has the right to inspect the damaged property or investigate the physical injury.

Return this form to: Marshall City Clerk  
323 West Michigan Avenue  
Marshall, MI 49068-1578

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**FOR OFFICE USE ONLY** Date received: \_\_\_\_\_

Forwarded to: \_\_\_\_\_ Date: \_\_\_\_\_

Forwarded to: \_\_\_\_\_ Date: \_\_\_\_\_

Forwarded to: \_\_\_\_\_ Date: \_\_\_\_\_