

NOTE: Read entire claim form
before completing

MAIL TO: Legal Dept.
City Hall
400 Robert D. Ray Dr.
Des Moines, IA 50309

CLAIM FOR DAMAGES – SEWER

Name: _____

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

Home Phone: _____ **Cell Phone:** _____ **Business Phone:** _____ **Fax:** _____

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) or WRA representative(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) or WRA representative(s), if known: _____

Substance of conversation with City or WRA crews, if any: _____

PLEASE COMPLETE OTHER SIDE

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 or WRA 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: _____
(company name) (address) (city, state, zip)

Claimant Signature: _____ Date: _____

Claimant Signature: _____ Date: _____

PLEASE REMEMBER TO COMPLETE THE PROPERTY INVENTORY

****THIS FORM MAY BE SUBJECT TO PUBLIC RELEASE. PLEASE "X" HERE IF THIS DOCUMENT SHOULD BE CONSIDERED IN-OFFICE USE ONLY _____****

