



michigan municipal league

City, Village, Township, or County of _____

Sewer Back-Up Complaint Record

To be completed when taking a call. Keep completed copy on file.

Call Taken By: _____

Date/Time Received: _____

CALLER INFORMATION

Name: _____

Address: _____

Email Address: _____

Phone Number: _____

OWNER INFORMATION *(if different from above)*

Name: _____

Address: _____

Email Address: _____

Phone Number: _____

AFFECTED PROPERTY

Address: _____

Reason for Complaint/Description of Event:

Date of Discovery of Event: _____

A **Notice of Claim** form was made available to the caller? _____

The caller was informed of the 45 day written notice requirement? _____