



**SANITARY SEWER
CLAIM AGAINST THE
CITY OF
WINSTON-SALEM**



*A claim must be filed with **City of Winston-Salem Risk Management Division as soon as possible.***

. Normal business hours: Monday through Friday, 8:00am to 5:00pm. Closed on official holidays.

Claims received during regular business hours will be recorded on the date received.

Mailed, emailed or hand-delivered claims received after business hours will be recorded on the next working day.

Please be sure your claim is against the City of Winston-Salem, and not another public entity.

Where space is insufficient, please use additional paper and identify information by section number and letter.

Completed forms may be mailed, emailed, or hand-delivered to:

Risk Management, 101 North Main Street, Winston-Salem, NC 27102

Phone: 336-734-1323, Email: newclaims@cityofws.org

Claimant Name: _____ **Date of Birth:** _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Home Phone _____ **Cell Phone** _____

E-mail Address: _____

Claim Event Information: **Date of Incident:** _____ **Time:** _____ **AM/PM**

Specific Location: _____

Please describe what happened, as specifically as possible: _____

When did you first realize that there was a problem? What time?: _____

Describe any fixtures (floor drain, washing machine, toilet, etc.) where the overflow occurred, along with their locations (basement, first floor, etc.) in the home.

Did you contact a plumber? Yes _____ No _____ When? _____

When did you first contact the City of Winston-Salem? _____

Please state how you believe the City of Winston-Salem or its employees were at fault: _____

Please describe any injuries, property damages, or other losses related to this claim.: _____

Please provide the names of any City employees or Departments you believe caused the damages or injuries.

Please provide the name and address of the owner of any damaged property, if different than the claimant.

Damages claimed:

Amount claimed as of this date: \$ _____

Estimated amount of future costs: \$ _____

Total amount claimed: \$ _____

Basis for calculation of amounts claimed (please attach copies of all bills, invoices, estimates, etc.) _____

Names and addresses of all witnesses: _____

Property History: How many years have you lived at this address? _____

Do you own or rent the property? Own Rent

If you rent the property, please provide the name and contact information for the owner(s), below.

Is this the first time something like this has happened at this property? Yes _____ No _____

If you answered "Yes" to the previous, please describe what happened, below.

Have you ever filed a sewer back-up claim with the City of Winston-Salem before? Yes _____ No _____

If you answered "Yes" to the previous, please describe what happened, below.

Do you have homeowner's insurance that covers damage from a sewer back-up? Yes _____ No _____

Insurance Carrier Name: _____ Policy No. _____

Insurance Deductible Amount: _____

Do you have a sewer backflow valve or check valve on your property? Yes _____ No _____

Additional information: _____

I certify that the above facts are true and accurate to the best of my knowledge.

Claimant Print Name

Claimant Signature

Date