



COUNTY OF SUMMIT
 DEPARTMENT OF LAW & RISK MANAGEMENT
 175 S. MAIN STREET, 8TH FLOOR
 AKRON, OH 44308
 PHONE: 330-643-2485 • FAX: 330-643-2488

Residential Sewer Backup Report Form

CLAIM NUMBER (FOR INTERNAL PURPOSES ONLY)

SECTION 1 – Incident Information

DATE		TIME		
LOCATION (ADDRESS)		CITY		ZIP
TYPE OF PREMISES HOME BUSINESS	TYPE OF INCIDENT		SQ. FOOTAGE (APPROXIMATE)	
	BLOWBACK	SEWER BACKUP	1-100	500-1,000
	TIME NOTICED	TIME REPORTED	1,000-5,000	

SECTION 2 – Incident Description

DETAILED DESCRIPTION OF WHAT HAPPENED

SECTION 3 – Resident Information

NAME (LAST)	(FIRST)	(MI)	DATE OF BIRTH (MONTH/DAY/YEAR)	PHONE
LOCATION (STREET)	(CITY)	(STATE)	(ZIP)	
OWNERS NAME (LAST)	(FIRST)	(MI)	PHONE	
LOCATION (STREET)	(CITY)	(STATE)	(ZIP)	
DESCRIBE THE PROPERTY AND THE DAMAGE (ATTACH COPIES OF CLEAN UP COSTS, INSURANCE COVERAGE, PICTURES, ETC.)				

SECTION 4 – Official Signature

I HEREBY REQUEST REIMBURSEMENT FOR ALL STRUCTURAL CLEANING COSTS OR INSURANCE DEDUCTIBLE ASSOCIATED WITH THE SEWER BACKUP WHICH OCCURRED ON _____ DATE	
SIGNATURE OF OWNER/AUTHORIZED AGENT	DATE