



COUNTY OF SUMMIT  
 DEPARTMENT OF LAW & RISK MANAGEMENT  
 175 S. MAIN STREET, 8<sup>th</sup> FLOOR  
 AKRON, OHIO 44308  
 PHONE: 330.643.2485 • FAX: 330.643.2488

**Residential Sewer Backup Report Form**  
 (TO BE COMPLETED BY RESIDENT)

CLAIM NUMBER

**SECTION 1 - Incident Information**

DATE		TIME	
LOCATION (ADDRESS)			ZIP
TYPE OF PREMISES		TYPE OF INCIDENT	
<input type="checkbox"/> HOME		<input type="checkbox"/> BLOWBACK <input type="checkbox"/> SEWER BACKUP	
<input type="checkbox"/> BUSINESS		TIME NOTICED	
		TIME REPORTED	
		SO FOOTAGE (APPROXIMATE)	
		<input type="checkbox"/> 1-100 <input type="checkbox"/> 500-1000 <input type="checkbox"/> 1000-5000	

**SECTION 2 - Incident Description**

DETAILED DESCRIPTION OF WHAT HAPPENED

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**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, ETC.)				

**SECTION 4 - Official Signature**

I HEREBY REQUEST REIMBURSEMENT FOR ALL STRUCTURAL CLEANING COSTS OR REURANCE DEDUCTIBLE ASSOCIATED WITH THE SEWER SAGUP WHICH OCCURRED ON \_\_\_\_\_ DATE \_\_\_\_\_

SIGNATURE OF OWNER(AUTHORIZED AGENT) \_\_\_\_\_ DATE \_\_\_\_\_