



DEPARTMENT OF SANITARY SEWER SERVICES  
ATTN: RESEARCH ANALYST  
33 COLE AVENUE EXTENSION  
AKRON, OH 44301  
PHONE: 330-643-2485 or 330-926-2400

## Residential Sewer Backup Report Form

CLAIM NUMBER (FOR INTERNAL PURPOSES ONLY)

### SECTION 1 – Incident Information

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

### 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