



Great Lakes Water Authority

Office of The General Counsel

735 Randolph Street, Detroit, MI 48226

Phone: 844-455-4592

Fax: (313) 842-6510

WATER MAIN BREAK CLAIM FORM

PLEASE PRINT OR TYPE

Sir/Madam:

FOR OFFICE
USE ONLY

GLWA Claim Number: _____ Date: __/__/20__

Claim is hereby made against the Great Lakes Water Authority

(GLWA) due to the following happening or discovered on: __/__/20__ at __: __

☐ AM ☐ PM

1. Address of affected property including cross streets.

2. Explain in detail what happened.

Use additional sheets if necessary.

3. Description of Claim. List in detail the damages, and provide a dollar value next to each item.

Use additional sheets if necessary.

4. Total amount of claim: \$

Note: Please provide legible copies of receipts for items damaged, copies of at least two estimates for repair or replacement of items damaged, clear pictures of property damage, and copies of any receipts for expenses related to the incident such as cleanup costs, plumber's services, etc.

5. Answer the following if this claim involves flooding of your home or business.

Do you have a basement? ☐ Yes ☐ No

If you had water in the basement, what was average depth? ____ feet ____ inches

PLEASE TURN OVER &
COMPLETE BOTH SIDES OF
FORM

6. List the full names of all individuals living in this dwelling. Use additional sheets if necessary.	(First name)	(Initial)	(Last name)	(Relationship)	(Age)
1.					
2.					
3.					
4.					
5.					

7. **Own/buying the home?** ☐ Yes ☐ No If "Yes," Year of purchase _____ and Purchase price \$ _____

8. **Do you rent the home?** ☐ Yes ☐ No If "Yes," for how long? _____ Years, _____ Months and _____ Days
 Landlord's Name: _____
 Landlord's Address: _____

9. List all known witnesses of incident. Use additional sheets if necessary.	(Name)	(Address)	(Daytime Phone No.)
1.			
2.			
3.			
4.			

10. **Name of your Insurance Company and Details:**

Name: _____ Policy Number: _____

Address: _____

Name of agent: _____

Phone number: _____

Type of coverage: _____

Amount of deductible: \$ _____

Have you filed a claim with your insurance company for damages? ☐ Yes ☐ No

If "No," give reason: _____

If "Yes," has the insurance company paid any portion of the damage? ☐ Yes ☐ No

If "Yes," indicate the amount the insurance company paid: \$ _____

What is the insurance claim number? _____

If "No," what reason did they give for turning down your claim? _____

11. **Did you take photos of the damage?** ☐ Yes ☐ No, If "Yes," please forward them _____

12. **Submitted by:**

(First name)	(Initial)	(Last name)	(Age)

(Spouse's first name)	(Initial)	(Last name)	(Age)

Claimant's Signature _____

(Street address) _____ (City) _____ (State) _____ (Zip code) _____

____ / ____ / 20 ____

Date _____

(Home phone number) _____ (Daytime phone number) _____

Please mail or email the completed form to:

Great Lakes Water Authority
 Office of the General Counsel
 735 Randolph St. Detroit, MI 48226
 randal.brown@glwater.org

Property Damage Check List:

To assist GLWA in expediting the investigation of your claim, please provide the item(s) indicated or **legible copies** of the following item(s)

- | | |
|--|---|
| <input type="checkbox"/> Declaration Page of the Homeowner's Insurance Policy (showing your deductible) | <input type="checkbox"/> Receipts for damaged items/repairs made |
| <input type="checkbox"/> Clear Pictures of property damages (original photos) | <input type="checkbox"/> Itemized list of damages |
| <input type="checkbox"/> Two (2) estimates for repairs needed | <input type="checkbox"/> Proof of submission to insurance company |
| <input type="checkbox"/> Claim amount | (payment/denial correspondence) |