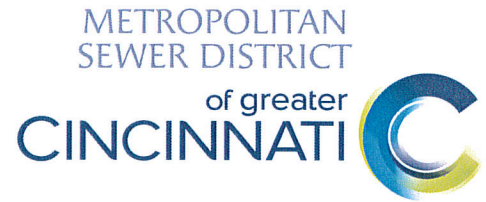


Metropolitan Sewer District of Greater Cincinnati
Claim Form
(for non-sewer backup damage claims only)



Procedure for Filing a Claim with the City of Cincinnati, Metropolitan Sewer District of Greater Cincinnati

Claimant should provide the information listed below:

1. Written statement describing the incident
2. Dated pictures of the damage, if available
3. Written statement of costs incurred, including copies of any relevant invoices and paid receipts
4. Copy of all claimant's insurance coverage relevant to this claim showing all deductibles
5. Copy of written evidence that insurance has denied your claim

Claimant's Name: _____ Telephone: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Date of Incident: _____

Approximate Time of Incident: _____

Location of Incident: _____

Witness (es)

Name: _____ Contact information: _____

_____ Contact information: _____

_____ Contact information: _____

Brief Description of Incident (attach additional pages if needed):

Email to: msddamageclaims@cincinnati-oh.gov
Mail to: Damage Claims
Metropolitan Sewer District of Greater Cincinnati
1600 Gest Street
Cincinnati, OH 45204

Please attach applicable documents listed in items 2-5 above.

Note: *If you wish to file a claim for damages caused by a sewer backup, please complete the SBU Claim Form available at sbu.msdbg.org.*

