



# East China Township Flood Damage Reporting Form

Return this Form to East China Township Hall

Completing this form will allow the Charter Township of East China to provide information to St. Clair County Emergency Management regarding the extent of damages to our municipality. It will also assist us in determining eligibility for state and/or federal disaster financial assistance. Submission of this form does not infer or guarantee compensation for your submitted damages but acts as a record for processing purposes of potential claim reimbursement from the state or federal government which you may qualify for. Personal Information contained on this form is collected pursuant to the Michigan Freedom of Information Act, Act 442 of 1976 and will be used for gathering information and/or responding to your request.

Name of person completing this form

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Phone Number 1 \_\_\_\_\_ Phone Number 2 \_\_\_\_\_

Email Address: \_\_\_\_\_

PRIMARY / HOME ADDRESS: Street Address \_\_\_\_\_

City \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

**Address where damage was sustained (if different from primary/home address):**

Street Address \_\_\_\_\_ East China, MI 48054

Date of Incident \_\_\_\_\_

Do you own or rent the affected property? \_\_\_\_\_ Yes (Own) \_\_\_\_\_ No (Rent)

What type of property was affected?

- Residence
- Business
- Farm
- Not for profit
- Other

What was the cause of damage to the affected property?

- Overland flooding from lake or river
- Seepage from groundwater
- Sewer back up
- Other \_\_\_\_\_

Duration of the condition that caused the damage (if known) Hours \_\_\_\_\_ Minutes \_\_\_\_\_

Were you, or was someone else, present at the time of the event? \_\_\_\_\_ Yes \_\_\_\_\_ No

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Please describe and detail any damages that were sustained:

Foundation Type: \_\_\_\_\_ Amount of Water in home (in inches): \_\_\_\_\_

Are you insured? \_\_\_\_\_ Yes \_\_\_\_\_ No

Have you contacted your insurance company? \_\_\_\_\_ Yes \_\_\_\_\_ No

What is the estimated total financial loss to structure and contents?

Are any of the damages listed above not covered by your insurance company? If so, please list them below.

During the event, were any of your utilities disconnected? Please check all that apply.

- Hydro
- Natural Gas
- Water
- Sewer
- Other

During the event did you require other accommodations? \_\_\_\_\_ Yes \_\_\_\_\_ No

Did you or do you still require any outside assistance? Or, do you have any questions for which you require someone from the Township office to contact you? \_\_\_\_\_ Yes \_\_\_\_\_ No

I hereby certify that the information contained on this form is true, correct and complete to the best of my knowledge.

\_\_\_\_\_  
NAME (PRINTED)

\_\_\_\_\_  
SIGNATURE

DATE: \_\_\_\_\_

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