

Village of Grosse Pointe Shores, A Michigan City
Department of Public Works
795 Lake Shore Road
Grosse Pointe Shores, MI 48236
www.gpshoresmi.gov
(313)886-0020 (Phone); (313)881-5417 (Fax)

MICHIGAN MUNICIPAL RISK MANAGEMENT AUTHORITY
NOTICE OF CLAIM – DATE OF LOSS: _____

Under the provisions of Public Act 222 of 2001 this Notice of Claim must be completed in full and filed with the City Grosse Pointe Shores, A Michigan City within 45 days (_____) from the date of loss.

Name: _____

Address: _____

Phone: _____

Email: _____

Address of Damaged Property (If different from above) _____

Property Owner (If different from above) _____

Description of Damages: _____

ESTIMATED LOSS: \$ _____ (You do NOT need to submit receipts and/or photos at this time, but please retain them in case they are needed later.)

RETURN THIS FORM TO:

Email: bsmith@gpshoresmi.gov

Fax: (313)881-5417

Postal Service or Drop Box located in North Parking Lot: 795 Lake Shore Road, Grosse Pointe Shores, MI 48236 Attn: Brett Smith



City Office Use Only:

Date Received: _____

- Via Email
 Fax
 USPS
 Drop Box
 Dropped Off