



Property Damage Claim Report

Claimant Name _____

Address _____

City/State/ZIP _____

Phone Number _____

Date of Incident _____ Time of Incident _____

Location _____

Detailed description of incident _____

Damages _____

*****Please include a copy of all related photographs and receipts for repairs*****

This form does not provide notice of a bodily injury claim. Please consult with a legal representative of your own choosing or refer to the applicable law to file a claim for bodily injury.

Please complete the information above and mail or fax to:

**Sue VanSteelandt
Road Commission of Macomb County
117 South Groesbeck Highway
Mt. Clemens, MI 48043
Phone 586.463.8671 x1125
Fax 586.463.8683**