

City of Cincinnati
Metropolitan Sewer District
Of Greater Cincinnati
Claim Form



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:

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

Mail or Fax to:
Damage Claims
Metropolitan Sewer District of Greater Cincinnati
1600 Gest Street
Cincinnati, OH 45204

Fax: 513-557-7189

1600 Gest Street • Cincinnati, Ohio 45204
P 513 244 1300 • www.msdc.org

