

DEPARTMENT OF ENVIRONMENTAL SERVICES

MONTGOMERY COUNTY
ENVIRONMENTAL SERVICES

1850 Spaulding Road
Kettering, Ohio 45432
937-781-2500

www.mcoho.org/water

COUNTY COMMISSIONERS

Judy Dodge
Dan Foley
Deborah A. Lieberman

COUNTY ADMINISTRATOR

Joseph P. Tuss

DEPARTMENT DIRECTOR

Patrick Turnbull, P.E.



Dear Customer:

Montgomery County regrets any problem you may have recently encountered. This letter and enclosed form is to assist you with your claim. The attached form provides Montgomery County the necessary information to process your claim. To expedite the process, all pertinent blanks regarding your claim need to be filled in.

The State of Ohio requires Montgomery County to obtain insurance information. If you do NOT have insurance, please note this on the form. If your insurance company does NOT cover this claim, Montgomery County requests a statement from the insurance company stating you are NOT covered. The insurance company should also state if you have a deductible and the amount of the deductible. Insurance information MUST be included with the claim form before it can be processed.

The completed form and any attachments are to be sent to the person and address indicated below. Also, please make a copy for your personal records.

Montgomery County Environmental Services
Attn: Kurt Jenkins
1850 Spaulding Road
Kettering, Ohio 45432

The claim process can take from eight to sixteen weeks. This is dependent upon the factors involved and the form's completeness. Besides being completely investigated and reviewed within the Environmental Services Department, the claim may be examined by the County Prosecutor's Office and the County's Insurance Adjuster.

If you need clarification of the issues surrounding your problem or have any questions, please contact Kurt Jenkins at (937) 781-2666 or fax (937) 781-2681 email jenkinsk@mcoho.org

DAMAGE CLAIM FORM
(Please Print or Type All Information)

Present Date _____ Date of Incident _____
Your Name _____
Your Address _____
City/Township _____ State _____ Zip _____
Your Phone Number & Area Code (_____) _____
Address of Damage if Different from Above
Address _____
City/Township _____ State _____ Zip _____
Do you rent this property? Yes ___ No ___ Do you own this property? Yes ___ No ___
Property Owners Address if Different _____
City/Township _____ State _____ Zip _____
Insurance Company Name _____ Deductible _____
Agent's Name _____
Agent's Address _____
City/Township _____ State _____ Zip _____
Agent's Phone Number & Area Code (_____) _____
Policy Number (Optional) _____
Police Report Filed? Yes ___ No ___ Police Report Number _____
Fire Department _____

Witness Name _____
Witness Address _____

Did you call the County first? Yes ___ No ___ Time Contacted _____

Total Damages \$ _____ (attach a copy of all estimates)

Describe the Damaged Property _____

PLEASE NOTE

1. Customer's lost wages, if requested will not be approved.
2. Please attach receipts or at least two repair estimates.
3. Attach an itemized list of the damaged items, when purchased, and their present value.
4. **Insurance information must accompany claim form. (Declaration page OR letter from agent stating type of coverage and deductible amount) Claim cannot be processed until this information is received.**

Signature _____ Date _____