



CITY OF ALEXANDER CITY

DAMAGE CLAIM PROCESSING SUMMARY

The “Damage Claim by Property Owner” form must be completed by the property owner as soon as possible. The completed form should be submitted to Mike Waldrop, Superintendent of the Sewer Maintenance Department. The information provided on the form should be very specific in both describing the event that caused the damage and itemizing the damaged items. If there is substantial damage, the property owner should include with the Damage Claim form an estimate of costs by a licensed contractor to repair the damage. If there are questions regarding whether or not a contractor estimate should be included, contact Mike Waldrop at the telephone number shown below. The Damage Claim form and cost estimates will be reviewed by City personnel. If the form and the cost estimates are acceptable to the City, the claim will be submitted to the City’s insurance carrier. If the claim form and/or the estimates are not acceptable, the City will contact you to further evaluate the claim. After the claim has been submitted to the insurance carrier, an adjuster with the City’s insurance carrier will contact you usually within 7 days. If there are no disagreements between the City and the property owner regarding the damage claimed, the City’s insurance adjuster will work with the property owner to repair the approved damages.

Contacts:

Mike Waldrop, Sewer Department Superintendent

Street Address: 765 Railey Road, Alexander City, AL 35010

Mailing Address: P.O. Box 552, Alexander City, AL 35010

Phone: (256) 409-2000 Fax: (256) 329-2992

Email: mike.waldrop@alexandercityal.gov

Gerard Brewer, Public Works Director

Phone: (256) 409-2020

Harriet Scott, City Clerk

Phone: (256) 329-6717



CITY OF ALEXANDER CITY

DAMAGE CLAIM BY PROPERTY OWNER

Name: _____

Phone(s): _____

Email: _____

Address of Damage: _____

Time & Date of Damage: _____

Description of even that caused the damage: _____

Itemized list of damages: _____

Additional comments or requests: _____

Property Owner: _____ Date: _____

Sewer Superintendent: _____ Date: _____

Public Works Director: _____ Date: _____

City Clerk: _____ Date: _____

PLEASE ATTACH DAMAGE REPAIR COST ESTIMATE TO THIS PAGE