



Risk Management
City of Lincolnton
PO Box 617
Lincolnton NC 28093
Claims@lincolntonnc.org

Sewer Backup Reimbursement Claim

Property owner: _____

Occupant: _____

Property Address: _____

City: _____ **State:** _____ **Zip code:** _____

Contact number: _____ **Email:** _____

Date of incident: _____ **Time:** _____

Address of incident: _____

Itemized list of property damaged and value:

Expenses incurred attempting to mitigate damages and clean property:

Any other pertinent information as may assist in evaluating the request:
