

Franklin County Drainage Damage Claim Form

Drainage District _____

Township _____ Section _____ Twp _____ Rge _____ Qtr Sec _____
Parcel Tax IDS _____

Name _____

Address: _____
Street City State Zip Code

Phone: _____ Email Address: _____

Landowner (if different) _____

Claim Type:

_____ Crop Damage
Crop Year _____ Type of Crop _____ # of Acres Damaged _____
**Please attach Proven Yield Verification*

_____ Fence Damage
Amount of Fence Damaged _____
Materials of Existing Fence _____

_____ Outlet Damage

_____ Other: Please be as specific as possible:

**If property damage has occurred, please provide pictures along with an estimate of the damage.*

Desired Compensation:

- *Please Note if payment should be split between landlord/tenant.*

_____ Monetary Payment _____ Repair of Damages _____ Other: _____

Claimant Signature _____ Date: _____

***For Office Use Only** Date Received: _____

Claim # _____ Work Order # _____

Unit Value (Crop Insurance Pricing) \$ _____/bushel

Crop Damages (Verified Acres x Verified Yield x Unit Value) \$ _____

Total Amount Approved \$ _____

Signature of Approval _____

Check # _____ Claim Settled Date _____