CITY OF NORMAN POST OFFICE BOX 370 NORMAN, OKLAHOMA 73070

NOTICE OF TORT CLAIM

CLAIMANT: Carwell Company LLC DATE: 05/19/2020
ADDRESS: 2425 WILCOX Drave CITY Norman
STATE: OL ZIP: 73069 PHONE: (H) 405/628-7499 (W) 405/261-8900
DATE OF INCIDENT: 10 22/2019
LOCATION OF INCIDENT: 2425 WILCOX Drive, Norman, Ole
STATEMENT OF CIRCUMSTANCES / REASONS YOU BELIEVE CITY IS LIABLE: Le attached letter with explanations to madent
COOL
(use additional pages if necessary)
MONETARY STATEMENT: List of expenses claimed for payment: 2001 Replacement Superior List of expenses claimed for payment: 2001 Replacement Superior List of expenses claimed for payment: 2001 Replacement Superior List of expenses claimed for payment:
Trail Clarkeri 1720 00
Habt pole & Mr. Electric \$ 3600.00
TOTAL AMOUNT CLAIMED: \$ 1738. 80 -1890 - \$1,564.20
NAME AND ADDRESS OF INSURANCE COMPANY: all State / \$5,000,00 deductible
Not using any insurance AGENT: Wilnown
THIS FORM MUST BE SIGNED AND RETURNED WITH ALL REQUESTED INFORMATION IN ORDER TO BE PROCESSED.
I SWEAR AND/OR AFFIRM THE INFORMATION PROVIDED ABOVE IS TRUE AND CORRECT.
THE PROPERTY OF THE PROPERTY O
FILED IN THE OFFICE OF THE CITY CLERK