

CITY OF NORMAN
POST OFFICE BOX 370
NORMAN, OKLAHOMA 73070

NOTICE OF TORT CLAIM

CLAIMANT: Dylan Johnson DATE: Nov 17th 2017
ADDRESS: 629 Sherwood Dr CITY: Norman
STATE: OK ZIP: 73071 PHONE: (H) (405) 301-0031 (W) _____
DATE OF INCIDENT: Oct. 19 2017
LOCATION OF INCIDENT: 629 Sherwood Dr

STATEMENT OF CIRCUMSTANCES / REASONS YOU BELIEVE CITY IS LIABLE:

I woke up on trash day and noticed my van had been side swiped. There was green paint left on the vehicle. I told the officer and he located the truck and it had my vans paint on it. Some one from the sanitation department showed up and gave me this paper. I believe they didn't intentionally hit and run.

(use additional pages if necessary)

MONETARY STATEMENT: List of expenses claimed for payment:

_____ \$ _____ \$
_____ \$ _____ \$
_____ \$ _____ \$

TOTAL AMOUNT CLAIMED: \$ _____

NAME AND ADDRESS OF INSURANCE COMPANY: _____

AGENT: _____

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.


CLAIMANT'S SIGNATURE

FILED IN THE OFFICE
OF THE CITY CLERK
ON 11/17/17