

CITY OF NORMAN
POST OFFICE BOX 370
NORMAN, OKLAHOMA 73070

NOTICE OF TORT CLAIM

CLAIMANT: Bills Dozer DATE: 10-30-17
ADDRESS: 2602 Cemetery Rd. CITY: Noble
STATE: OK ZIP: 73068 PHONE: (H) (405) 850 3414 (W) _____
DATE OF INCIDENT: 10-30-17
LOCATION OF INCIDENT: 4101 N Porter Norman OK

STATEMENT OF CIRCUMSTANCES / REASONS YOU BELIEVE CITY IS LIABLE:
City truck failed to stop, hit vehicle of
Bills Dozer causing damage to tires and
wheel.

(Street Maint Dept)

(use additional pages if necessary)

MONETARY STATEMENT: List of expenses claimed for payment:
\$ _____ \$ _____
\$ _____ \$ _____
\$ _____ \$ _____

TOTAL AMOUNT CLAIMED: \$ _____

NAME AND ADDRESS OF INSURANCE COMPANY: Northland Ins. Comp.
AGENT: Mike Ferguson

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.

(X) Bill Knisey
CLAIMANT'S SIGNATURE

FILED IN THE OFFICE
OF THE CITY CLERK
ON 10/31/17