



at&t

## Claim for Damages

To:  
NORMAN WATER DEPT  
P. O. BOX 370  
NORMAN, OK 73071

Claim Number: SWBT-04-201406-04-0053-JET

Charges for Damages to:  
SOUTHWESTERN BELL TEL CO., DBA AT&T OKLAHOMA

Occured/Discovered On or About: 06/08/2014

Approximate Location:  
1418 GEORGE AVE, NORMAN, OK

How Damage Occured:  
PLACMENT OF WATER LINE

### Summary of Charges

The labor cost amount claimed includes direct costs and indirect costs, including but not limited to personnel, equipment, vehicles, administrative overheads, and an allocation of general corporate overhead.

|                           |                   |
|---------------------------|-------------------|
| LABOR COST                | \$817.93          |
| MATERIALS/UNIT COST ITEMS | \$336.15          |
| CONTRACTOR                | \$650.00          |
| LOSS OF SERVICE           | \$434.00          |
| <b>TOTAL AMOUNT DUE:</b>  | <b>\$2,238.08</b> |

**Call before you dig  
Call 811**

For Inquiries Call: 800-894-0374 or 800-363-3234 (FAX)

**This payment is due upon receipt.** If payment is not received within 30 days further collection action will be taken. IF A PAYMENT FOR LESS THAN THE FULL AMOUNT IS RECEIVED, IT WILL BE APPLIED AS A PARTIAL PAYMENT. **Please do not pay with telephone bill.**

If you are covered by insurance, please forward this to your carrier for payment. Once your claim has been established with your insurance company, please contact us at 800-894-0374 with your claim information, and we will work with your insurance company to resolve. AT&T accepts checks, money orders or credit card payments. We do not accept cash. Please complete the information below and return in the enclosed envelope or you may call 800-894-0374 to pay by phone.



**TOTAL AMOUNT DUE: \$2,238.08**

**Amount enclosed: \$** \_\_\_\_\_

NORMAN WATER DEPT

Claim Number: SWBT-04-201406-04-0053-JET

**Return this section with payment in enclosed envelope.**

Please write claim number on check or money order to ensure proper credit.

**For credit card payment:**

Credit Card number: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Amount to be charged to your card: \_\_\_\_\_

Three digit security number on back of card: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Remit Payment to:

AT&T  
RM 39-N-13  
909 CHESTNUT ST  
SAINT LOUIS MO 63101-2017

