

CITY OF NORMAN  
POST OFFICE BOX 370  
NORMAN, OKLAHOMA 73070

NOTICE OF TORT CLAIM

CLAIMANT: WNSOU LLC DATE: 6-21-19  
ADDRESS: 121 Olde Brook Ct CITY: Norman  
STATE: OK ZIP: 73072 PHONE: (H) 405/573-0775 (F) 405/824-4060  
DATE OF INCIDENT: 5/21/19  
LOCATION OF INCIDENT: 1211 Olde Brook Ct

STATEMENT OF CIRCUMSTANCES / REASONS YOU BELIEVE CITY IS LIABLE:

See Incident Report Attached for 209 Olde Brook Ct. - Sewage lines  
backed up thru shower to let in master bath and  
flooded master bedroom. Carpet had to be removed  
Restoration Company about room + walls to keep mold from  
growing. Replaced carpet

(use additional pages if necessary)

MONETARY STATEMENT: List of expenses claimed for payment:

Jenkins Restoration \$ 1,679.40 \_\_\_\_\_ \$ \_\_\_\_\_  
Carpet Replacement \$ 1,238.83 \_\_\_\_\_ \$ \_\_\_\_\_  
Milcreek Carpet \$ \_\_\_\_\_ \$ \_\_\_\_\_

TOTAL AMOUNT CLAIMED: \$ 2,918.23

NAME AND ADDRESS OF INSURANCE COMPANY: Farmers Insurance  
AGENT: Don Cox

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.

Brent E. Stevens  
CLAIMANT'S SIGNATURE

FILED IN THE OFFICE  
OF THE CITY CLERK  
ON 7/2/19