

CITY OF NORMAN
POST OFFICE BOX 370
NORMAN, OKLAHOMA 73070

NOTICE OF TORT CLAIM

CLAIMANT: MASSAY'S DANCE STARS DATE: 10-18-19
ADDRESS: 3300 BART CONNER DRIVE CITY NORMAN
STATE: OK ZIP: 73071 PHONE: (H) 405-834-0283 (W) 405-573-7133
DATE OF INCIDENT: DAMAGE TIME UNKNOWN
LOCATION OF INCIDENT: DETERMINED DATE 5/16/19
SEWER LINE WEST SIDE OF PROPERTY

STATEMENT OF CIRCUMSTANCES / REASONS YOU BELIEVE CITY IS LIABLE:

THE CITY OF NORMAN DRAINAGE PROJECT WAS
COMPLETED ON THE WEST SIDE OF 3300 BART
CONNER DRIVE. THE PROPERTY OWNERS
SEWER LINE WAS DAMAGED. PLEASE REVIEW
ALL ATTACHMENTS TO THIS CLAIM.

(use additional pages if necessary)

MONETARY STATEMENT: List of expenses claimed for payment:


<u>BRANDON'S PLUMBING</u>	<u>5/16/19</u>	\$ <u>20500</u>	\$ _____
<u>RST PLUMBING</u>	<u>9/2/19</u>	\$ <u>45000</u>	\$ _____
<u>ARTEC BUILDING SYSTEMS</u>	<u>OCTOBER 17, 2019</u>	\$ <u>1,80300</u>	\$ _____
TOTAL AMOUNT CLAIMED: \$		<u>2,45800</u>	_____

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
GREG MASSAY

FILED IN THE OFFICE
OF THE CITY CLERK
ON 10/22/19