

CITY OF NORMAN
POST OFFICE BOX 370
NORMAN, OKLAHOMA 73070

NOTICE OF TORT CLAIM

CLAIMANT: Judy Shaver DATE: _____

ADDRESS: 213 Olde Brook Ct CITY Norman

STATE: OK ZIP: 73072 PHONE: (H) 405-990-3321 (W) _____

DATE OF INCIDENT: 5/21/2019

LOCATION OF INCIDENT: 213 Olde Brook Ct

STATEMENT OF CIRCUMSTANCES / REASONS YOU BELIEVE CITY IS LIABLE:

Was told it was on the city side - a blockage -
Several houses on street were effected.
City sewer line City Staff verbally told
me it was a city sewer line. City
took pictures - David Peery

(use additional pages if necessary)

MONETARY STATEMENT: List of expenses claimed for payment:

<u>Forthcoming</u>	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

TOTAL AMOUNT CLAIMED: \$ _____

NAME AND ADDRESS OF INSURANCE COMPANY: Allstate

AGENT: Michael Monroe

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.

Judy Shaver
CLAIMANT'S SIGNATURE

FILED IN THE OFFICE
OF THE CITY CLERK
ON 6/10/19