

CITY OF NORMAN
POST OFFICE BOX 370
NORMAN, OKLAHOMA 73070

NOTICE OF TORT CLAIM

CLAIMANT: HEATHER HAHN DATE: 11/23/15
ADDRESS: 1134 Missouri St CITY NORMAN
STATE: OK ZIP: 73071 PHONE: (H) 405 204 3089 (W) —
DATE OF INCIDENT: 11/6/15
LOCATION OF INCIDENT: Alley near 111 N Peters AVE NORMAN OK

STATEMENT OF CIRCUMSTANCES / REASONS YOU BELIEVE CITY IS LIABLE:

A city Garbage truck backed into my
car on a 1-way alley

(use additional pages if necessary)

MONETARY STATEMENT: List of expenses claimed for payment:

_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

TOTAL AMOUNT CLAIMED: \$ 2250.84

NAME AND ADDRESS OF INSURANCE COMPANY: Progressive
AGENT: ERICA CAMP

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.

Heather Hahn
CLAIMANT'S SIGNATURE

FILED IN THE OFFICE
OF THE CITY CLERK
ON 11-20-15