

CITY OF NORMAN
POST OFFICE BOX 370
NORMAN, OKLAHOMA 73070

NOTICE OF TORT CLAIM

CLAIMANT: Campus Lodge Apts. DATE: 10/16/2017

ADDRESS: 1800 Beaumont Drive CITY: Norman

STATE: OK ZIP: 73071 PHONE: (H) 405.701.3500 (W) 405.701.3500

DATE OF INCIDENT: 10/16/2017

LOCATION OF INCIDENT: Maintenance area / Trash Compactor 1800 Beaumont Dr

STATEMENT OF CIRCUMSTANCES / REASONS YOU BELIEVE CITY IS LIABLE:

1. 2 eye witnesses saw what happened - Kyler Monroe, Thomas Partington
 2. Driver admitted to what happened
 3. Supervisor for City of Norman came out immediately to look at the damage
- damage to trash compactor by sanitation

(use additional pages if necessary)

MONETARY STATEMENT: List of expenses claimed for payment:

Repairs to Electricals 2,649.19 \$ _____
\$ _____ \$ _____
\$ _____ \$ _____

TOTAL AMOUNT CLAIMED: \$ 2,649.19

NAME AND ADDRESS OF INSURANCE COMPANY: N/A
N/A AGENT: N/A

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.

[Signature]
CLAIMANT'S SIGNATURE

FILED IN THE OFFICE
OF THE CITY CLERK
ON 11/22/17