

CITY OF NORMAN
POST OFFICE BOX 370
NORMAN, OKLAHOMA 73070

NOTICE OF TORT CLAIM

CLAIMANT: Frank Nees DATE: 10-9-2017
ADDRESS: 1824 Valley Ridge Rd CITY: Norman
STATE: OK ZIP: 73072 PHONE: (H) _____ (W) 405 831 7220

DATE OF INCIDENT: 10-9-2017

LOCATION OF INCIDENT: City of Norman Waste Transfer Center

STATEMENT OF CIRCUMSTANCES / REASONS YOU BELIEVE CITY IS LIABLE:

Your Big Tractor Ran over My
Parked 2001 F150 in the Transfer Station

Incident # 17-74916 Officer Hudson
Investigated

(use additional pages if necessary)

MONETARY STATEMENT: List of expenses claimed for payment:

<u>Ferguson GMCs</u>	<u>3999</u>	_____	\$ _____
<u>Enterprise</u>	<u>\$ 1376.98</u>	_____	\$ _____
_____	\$ _____	_____	\$ _____


TOTAL AMOUNT CLAIMED: \$ 5375.98

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

FILED IN THE OFFICE
OF THE CITY CLERK
ON 12/1/17