

CITY OF NORMAN  
POST OFFICE BOX 370  
NORMAN, OKLAHOMA 73070

701062209  
1514348

NOTICE OF TORT CLAIM

CLAIMANT: OGÉ DATE: \_\_\_\_\_

ADDRESS: 726 W Sheridan CITY OKC

STATE: OK ZIP: 73102 PHONE: (H) 800-321-4158 (W) \_\_\_\_\_

DATE OF INCIDENT: June 5, 2019

LOCATION OF INCIDENT: 300 Beacon Ave, Norman OK

STATEMENT OF CIRCUMSTANCES / REASONS YOU BELIEVE CITY IS LIABLE:

The City of Norman was digging and damaged an OGÉ cable.

(use additional pages if necessary)

MONETARY STATEMENT: List of expenses claimed for payment:

<u>Cable</u>	\$ <u>pending repairs</u>	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

TOTAL AMOUNT CLAIMED: \$ pending repairs

NAME AND ADDRESS OF INSURANCE COMPANY: Self insured

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.

Michael Donnell  
CLAIMANT'S SIGNATURE

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

**\*\*\*\*\*NOTICE OF CLAIM\*\*\*\*\***

Date: 06-17-2019

**CERTIFIED MAIL, RETURN RECEIPT REQUESTED**

To: CITY OF NORMAN  
CITY CLERK  
PO BOX 370  
201 WEST GRAY  
NORMAN, OK 73070

CERTIFIED MAIL# 92148901066154000139204290

**RE: Damage to OGE Property**

**OGE Claim Num: 701062209**  
**Damage/Discovery Date: 06-05-2019**  
**Damage Location: 300 BEACON AVE, NORMAN, OK**  
**Damage County: CLEVELAND**  
**Damage Amount: UNDETERMINED**

Dear Sir/Madam:

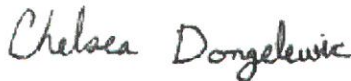
Please be advised that **OGE** Facilities sustained damage as a result of the negligent acts or omissions by employees or agents of CITY OF NORMAN .

Investigation has revealed that on or about 06-05-2019 employees or agents of CITY OF NORMAN, THE CITY OF NORMAN WAS DIGGING AND DAMAGED AN OGE CABLE in the area of 300 BEACON AVE, NORMAN, OK.

**REQUEST FOR GOVERNMENTAL NOTICE FORM**

If your Governmental Entity requires the completion of its own form to complete proper notice, please forward a copy to the address listed above. Every good faith effort has been made to identify the proper office and address to perfect our notice. Please forward to your attorney, if misdirected, to contact us. Matters herein stated are alleged on information and belief this pleader believes to be true. If there is insurance to cover this matter, kindly advise as to the name of the insurance company, its address and the claim number assigned. If you have any questions, or need additional information, please contact me at 1-800-321-4158 ext 8232.

Sincerely,  
Chelsea Dongelewic



CMR Claims DEPT

NOTARY \_\_\_\_\_

Commission Expires 4/18/20



**CLAIMS MANAGEMENT RESOURCES**