CITY OF NORMAN
POST OFFICE BOX 370
NORMAN, OKLAHOMA 73070

NOTICE OF TORT CLAIM

CLAIMANT: Donald H. Roberts D.D.S. DATE: 10-20-14

ADDRESS: 1001 24th Ave NW CITY: Norman

STATE: OK ZIP: 73069 PHONE: ~~(H)~~ cell 659-5441 (W) 360-5233

DATE OF INCIDENT: 10/3/14

LOCATION OF INCIDENT: 1001 24th Ave NW (rear) parking lot - dumpster enclosure

STATEMENT OF CIRCUMSTANCES / REASONS YOU BELIEVE CITY IS LIABLE:

On 10/4/14 I pulled in the parking lot and parked next to my brick dumpster enclosure. I noticed 2 bricks laying on the ground. After closer inspection I saw that the dumpster had been tipped off the lift at an angle and had caved outward a portion of the rear wall of the enclosure. Their is a ~~mark~~ mark on the metal corner of the dumpster where it was dumped into the wall. Please Contact me to inspect the damage. Dr. Roberts

(use additional pages if necessary)

MONETARY STATEMENT: List of expenses claimed for payment:

Repair brick dumpster Enclosure	$ 2500.00		$
	$		$
	$		$

TOTAL AMOUNT CLAIMED: $2500.00

NAME AND ADDRESS OF INSURANCE COMPANY: Not contacted

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.

Donald H. Roberts DDS
CLAIMANT'S SIGNATURE 10/20/14

FILED IN THE OFFICE OF THE CITY CLERK ON 10/20/14