

CITY OF NORMAN  
POST OFFICE BOX 370  
NORMAN, OKLAHOMA 73070

NOTICE OF TORT CLAIM

CLAIMANT: SCISSORTAIL TRAVEL STOP LLC DATE: 3-6-2020  
ADDRESS: 1161 12<sup>th</sup> AVENUE CITY: NORMAN  
STATE: OK ZIP: 73071 PHONE: (H) 405-240-7354 <sup>CELL</sup> 405-292-7100  
DATE OF INCIDENT: 2-24-2020  
LOCATION OF INCIDENT: 1161 12<sup>th</sup> AVE N.E

STATEMENT OF CIRCUMSTANCES / REASONS YOU BELIEVE CITY IS LIABLE:

THE TRASH TRUCK RAN THE DUMPSTER  
INTO THE A/C CONDENSER AND  
TOTALED IT

(use additional pages if necessary)

MONETARY STATEMENT: List of expenses claimed for payment:

\$ \_\_\_\_\_ \$ \_\_\_\_\_  
\$ \_\_\_\_\_ \$ \_\_\_\_\_  
\$ \_\_\_\_\_ \$ \_\_\_\_\_

TOTAL AMOUNT CLAIMED: \$ \_\_\_\_\_

NAME AND ADDRESS OF INSURANCE COMPANY: STATE FARM

AGENT: BOB WATSON

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 4-14-20