

CITY OF NORMAN
POST OFFICE BOX 370
NORMAN, OKLAHOMA 73070

NOTICE OF TORT CLAIM

CLAIMANT: Kira Seelig DATE: 26 May 2020
ADDRESS: 625 Dripping Springs Dr CITY: Norman/Edmond
STATE: OK ZIP: 73034 PHONE: (H) NA (W) 405-822-3285

DATE OF INCIDENT: _____

LOCATION OF INCIDENT: Main St. Round About

STATEMENT OF CIRCUMSTANCES / REASONS YOU BELIEVE CITY IS LIABLE:

Medical Expenses for Claim Already filed

(use additional pages if necessary)

MONETARY STATEMENT: List of expenses claimed for payment:

<u>Medical</u>	\$ <u>2425</u>	\$ _____
<u>Fuel</u>	\$ <u>99/visit 30/visit</u>	\$ _____
_____	\$ _____	\$ _____

TOTAL AMOUNT CLAIMED: \$ _____

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.

Kira Seelig
CLAIMANT'S SIGNATURE

FILED IN THE OFFICE
OF THE CITY CLERK
ON 5/26/20