

CITY OF NORMAN  
POST OFFICE BOX 370  
NORMAN, OKLAHOMA 73070

CMR# 1031435  
OGE# 7924724

NOTICE OF TORT CLAIM

CLAIMANT: OGE, CMP claims DATE: 20130506  
ADDRESS: PO BOX 60770 CITY: OKC  
STATE: OK ZIP: 73146 PHONE: (H) \_\_\_\_\_ (W) 905 606.8232  
DATE OF INCIDENT: 12-19-2012  
LOCATION OF INCIDENT: 1001 E Robinson Ave

STATEMENT OF CIRCUMSTANCES / REASONS YOU BELIEVE CITY IS LIABLE:

City of Norman damaged an OGE primary  
line while installing a fence

(use additional pages if necessary)

MONETARY STATEMENT: List of expenses claimed for payment:

<u>repair of</u>	\$ <u>2,488.88</u>	\$ _____
<u>primary</u>	\$ _____	\$ _____
_____	\$ _____	\$ _____

TOTAL AMOUNT CLAIMED: \$ 2,488.88

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.

Holly J. [Signature] CMP  
CLAIMANT'S SIGNATURE

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

Date: 05-06-2013

**CERTIFIED MAIL, RETURN RECEIPT REQUESTED**

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

CERTIFIED MAIL# 9171 9690 0935 0036 8455 66

RE: Damage to OGE Property

OGE Claim Num: 7924724  
Damage/Discovery Date: 12-19-2012  
Damage Location: 1001 E ROBINSON AVE, NORMAN, OK  
Damage County: CLEVELAND  
Damage Amount: \$ 2,488.88

FILED IN THE OFFICE  
OF THE CITY CLERK  
ON 5-9-13

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 12-19-2012 employees or agents of CITY OF NORMAN, CITY OF NORMAN DAMAGED AN OGE PRIMARY LINE WHILE INSTALLING A FENCE in the area of 1001 E ROBINSON AVE, NORMAN, OK.

**REQUEST FOR GOVERNMENTAL NOTICE FORM**

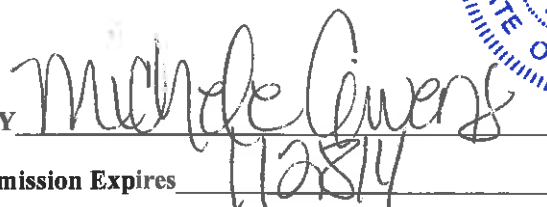
If your Governmental Entity requires the completion of its own form to complete proper notice, please forward a copy to the address listed above. Every good faith effort has been made to identify the proper office and address to perfect our notice. Please forward to your attorney, if misdirected, to 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,  
Holly Finley



CMR Claims DEPT

NOTARY

  
Commission Expires 11/28/14

# INVOICE

Remit Payment to:  
Claims Management Resources  
PO Box 60770  
Oklahoma City, OK 73146  
1-800-321-4158

8-Apr-2013

**CITY OF NORMAN**  
**2001 W GRAY ST**  
**NORMAN, OK 73069**

CLAIM NUMBER: **7924724**

Please enclose one copy of this statement with payment to insure proper credit.

DESCRIPTION	UNIT PRICE	AMOUNT
This invoice covers the cost of labor, transportation, and materials necessary to repair the OG&E pole located at: <b>1001 E ROBINSON AVE, NORMAN, OK</b>		
The damage was discovered on: <b>12/19/2012</b>		
Material		\$0.00
Labor		\$2,278.67
Transportation		\$10.21
Adjustments		\$0.00
Administrative Cost		\$200.00
<b>TOTAL</b>		<b>\$2,488.88</b>

**TOTAL**

**\$2,488.88**