

**\*\*Amended Tort Claim\*\***

CITY OF NORMAN  
POST OFFICE BOX 370  
NORMAN, OKLAHOMA 73070

NOTICE OF TORT CLAIM

CLAIMANT: Patriot Ford DATE: 5/4/2017

ADDRESS: P.O. Box 648 CITY Purcell

STATE: OK ZIP: 73080 PHONE: (H) N/A (W) 405-527-6484

DATE OF INCIDENT: 4/15/2017

LOCATION OF INCIDENT: City of Norman Sanitation Transfer Station

STATEMENT OF CIRCUMSTANCES / REASONS YOU BELIEVE CITY IS LIABLE:

Previously attached body shop estimate to claim form. Attached is final invoice.

Note: Patriot Ford has already paid Ferguson, payments should be made to

reimburse Patriot Ford. Thank you.

(use additional pages if necessary)

MONETARY STATEMENT: List of expenses claimed for payment:

Ferguson Body Shop \$ 2,359.62 \$ \_\_\_\_\_

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

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

TOTAL AMOUNT CLAIMED: \$ 2,359.62

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.

Ronnette Vance  
CLAIMANT'S SIGNATURE  
Patriot Ford