

CITY OF NORMAN
POST OFFICE BOX 370
NORMAN, OKLAHOMA 73070

NOTICE OF TORT CLAIM

CLAIMANT: Andrew J. Start DATE: 10-4-17
ADDRESS: 644 E. Post Oak rd. CITY Norman
STATE: OK ZIP: 73072 PHONE: (H) 405 227-5949 (W) 405-579-2104
DATE OF INCIDENT: 10-4-17
LOCATION OF INCIDENT: 2443 W. Main St. Norman Okc 73069

STATEMENT OF CIRCUMSTANCES / REASONS YOU BELIEVE CITY IS LIABLE:

Sanitation truck pulled a recycling center
container into my personal vehicle, which
was parked outside Spectrum Paint Company.

(use additional pages if necessary)

MONETARY STATEMENT: List of expenses claimed for payment:

<u>Landers</u>	\$ <u>2,555.72</u>	\$ _____
<u>Reynolds Ford</u>	\$ <u>2,504.37</u>	\$ _____
<u>Leon Pierce</u>	\$ <u>3,033.64</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.

Andrew J. Start
CLAIMANT'S SIGNATURE

FILED IN THE OFFICE
OF THE CITY CLERK
ON 10/10/17