CITY OF NORMAN POST OFFICE BOX 370 NORMAN, OKLAHOMA 73070

NOTICE OF TORT CLAIM



CLAIMANT: Todd Bayles	DATE: 6/13/19
ADDRESS: 4050 36TH Ave NE	CITY: Norman
STATE: OK ZIP: 73026 PHONE: (H) 405-408-14	471 (W)
DATE OF INCIDENT: Jan 7, 2019	
LOCATION OF INCIDENT: 4050 36TH Ave NE	<u> </u>
Water main under my driveway broke a	
was damaged during the repair process	. Also the post
holding the wireless Key Pad for my gate of	pener was removed.
	W.
(use additional pages if necessary)	5
MONETARY STATEMENT: List of expenses claimed for p	ayment:
Rebuild Column * Fence \$	\$\$
Brick/Block s_	\$\$
KING MASONRY S	\$ 1350.00
TOTAL AMOUNT CLAIMED: \$ 550.00	200, GC BRICKS
NAME AND ADDRESS OF INSURANCE COMPANY: State Farm	
AGENT: Trevor	Lawrence
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.	
- The state of the	
CLATMANT'S SIGNATURE	