

CITY OF NORMAN
POST OFFICE BOX 370
NORMAN, OKLAHOMA 73070

NOTICE OF TORT CLAIM

FILED IN THE OFFICE
OF THE CITY CLERK
ON 10/31/18 *sf*

CLAIMANT: Cimarron Trails Apts. DATE: 10-1-18

ADDRESS: 3100 Rock Creek TRL. CITY: Norman

STATE: OK ZIP: 73072 PHONE: (H) 405-321-1457 (W) 511 (405-905-8704)
Bobby Hightower

DATE OF INCIDENT: 9-30-18

LOCATION OF INCIDENT: East Parking Lot

STATEMENT OF CIRCUMSTANCES / REASONS YOU BELIEVE CITY IS LIABLE:

City owned fire line leak under
parking lot. City removed parking lot
to make repair. Back filled hole with
rock & did not repair to previous condition.

(use additional pages if necessary)

MONETARY STATEMENT: List of expenses claimed for payment:

Howards Paving \$ 15,969.00 \$ _____
\$ _____ \$ _____
\$ _____ \$ _____


TOTAL AMOUNT CLAIMED: \$ 15,969.00

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.


CLAIMANT'S SIGNATURE