CITY OF NORMAN POST OFFICE BOX 370 NORMAN, OKLAHOMA 73070

OF THE CITY CLERK ON 8/23/23 CINDY CROCKEN

NOTICE OF TORT CLAIM

CLAIMANT: Woodstock Condominium Owners A	DATE:
ADDRESS: 1932 E. Lindsey	CITYNorman
STATE: ZIP: 7307	
DATE OF INCIDENT: 7-24-22	,
LOCATION OF INCIDENT: 1932 E. Lindsen	
STATEMENT OF CIRCUMSTANCES / REASONS YOU BELIEVE CITY IS LIABLE:	
Watermain broke UNDER PAR	KING LOT.
MICHAGI PRICE COURS to site & Come than	
CLAIN + ASKED them to file CLAIM BENNENT B SET	
BROUGHT 3 EST U	
(use additional pages if necessary)	
MONETARY STATEMENT: List of expenses claimed for payment:	
WOODSTOCK/SPhs_	\$ 500,00
WOODSTOCK/SPh \$	\$31-25c
\$	
TOTAL AMOUNT CLAIMED: \$ 31,750.00	
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 ABOYE IS TRUE AND CORRECT.	
Contact ser 8m CLAIMANT'S!	SIGNATURE
Contact per 8m Claimant's SIGNATURE Eddie Crocker 465) (e59-7304	