## **NOTICE OF TORT CLAIM**

Mail or deliver to: City Clerk, 175 East Second Street, Suite 260, Tulsa, OK 74103.

**IMPORTANT NOTICE:** To be valid your claim must be submitted to the City Clerk within one year from the date of the incident. It will then be sent to the City Attorney's office for investigation. Limitations to your claim may apply. (See Oklahoma Statutes Title 51, Sections 151-172.) Attach additional pages if needed to provide complete information.

CLAIMANT(S)		CLAIMANT(S) D	RIVER LICENSE NO.		
ADDRESS					
CLAIMANT(S) DATE OF BIRTH					
INCIDENT DATE	TIME	□A.M.	□ P.M.		
LOCATION OF INCIDENT					
DESCRIBE INCIDENT					
LICT ALL DEDGON	C AND OD BRODERTY FO		E CLAIMING DAM	ACEC	
LIST ALL PERSONS BODILY INJURY: WAS CLAIMA				AGES	
WERE YOU ON THE JOB AT THE TIL		_		ammlayan) NO	
			ess and phone number of	employer.) NO	
Describe injury					
NAME OF DOCTOR(S) OR HOSPITA	L(S)				
ALL MEDICAL BILLS (Attach copies)					
	TOTAL BODILY INJURY				
PROPERTY DAMAGE: NOT	TE: If damage is to a vehicle,	a photocopy of your mo	tor vehicle title or regi	stration is required.	
VEHICLE MAKE/MODEL		MILEA	GE Y	EAR	
IF NOT A VEHICLE, DESCRIBE PRO					
,					
IF PROPERTY DAMAGE IS TO YOUR HOME OR ADJOINING PROPERTY DO YOU OWN?			? OR R	OR RENT?	
PROPERTY DAMAGE (Attach repa	air bills or two estimates) \$ _	LIST	OTHER DAMAGES	\$	
TO	TAL PROPERTY DAMAG	E \$			
NAME OF YOUR INSURANCE CO.	POLICY NO.	AMOUNT CLA	IMED AMO	UNT RECEIVED	
IDENTIFY ANY WITNESSES TO THE	E INCIDENT:				
Name	Address		Phone		
Name	Address		Phone		
		CEDT AC EIII I CETTI		IM	
STATE EXACT AMOUNT OF COME		CEFT AS FULL SEITL	EMENT OF THIS CLA	Office Use Only	
	\$				
SIGNATURE(S)			DATE		