

CITY OF LAWTON, OKLAHOMA

NOTICE OF TORT CLAIM

Claimant: _____ Today's Date: _____
Social Security No: _____ Home Phone: () _____
Spouse: _____ Work Phone: () _____
Street Address: _____ City, State, Zip _____
Mailing Address (If different from street address): _____

THIS SECTION MUST BE COMPLETED

DATE DAMAGES OCCURRED:

TIME DAMAGES OCCURRED:

LOCATION OR PLACE DAMAGES OCCURRED:

MANNER IN WHICH DAMAGE OCCURRED: (Describe circumstances or events causing damages)

TOTAL AMOUNT OF DAMAGES CLAIMED: \$ _____

Attach two (2) estimates or one (1) paid repair receipt for each item you believe to have been damaged.

ATTORNEY OR AGENT HANDLING YOUR CLAIM, IF ANY:

Name: _____ Phone Number: () _____

Address: _____

STATE OF OKLAHOMA)
) SS.
COUNTY OF COMANCHE)

_____, being duly sworn, says on their oath that the foregoing claim of damages is correct and the damage actually occurred; and that the amount claimed is reasonable and that no part thereof has been previously paid.

Claimant's Signature: _____

Subscribed and sworn to before me this ____ day of _____, 20____.

Notary Public: _____

My Commission Expires: _____ Commission Number: _____

CLAIMS MUST BE FILED WITHIN ONE (1) YEAR OF THE INCIDENT.

(REV 08/2010)

CLAIM QUESTIONNAIRE

To assist in the processing of your claim, we ask that you complete this questionnaire. All the information you provide should be as complete as possible.

GENERAL INFORMATION	What damages did you incur:		
	Are you the legal owner of the damaged property? _____. If so, attach proof of ownership. If you are not the legal owner, who is? _____ Are you leasing? _____ Attach a copy of the document authorizing you to file this claim on behalf of the owner.		
	What date did you purchase or otherwise acquire the damaged property? _____ If a vehicle was damaged please provide year, make, model and mileage _____		
	Please provide photos and a list with the age and original cost of the damaged property.		
	Provide any other information which you believe should be considered by the City of Lawton in reviewing your claim:		
WITNESS INFORMATION	Name:	Address:	Phone:
WATER & SEWER DAMAGE INFORMATION	Has similar damage to your property occurred before?		
	If yes, provide the date(s) and describe the previous occurrence(s):		
IF DAMAGE WAS CAUSED BY CITY VEHICLE	What was the City vehicle or unit number?		
	If known, what is the name of the City employee?		
OTHER INSURANCE INFORMATION	Are you the legal owner of the damaged property? _____. If so, attach a copy of the vehicle title. If you are not the owner, who is? _____		
	Have any funds already been paid, or are any funds scheduled to be paid to you as compensation in relation to the event you originally described? _____ Date _____ Source _____		
	If Claim is for personal injury, were you on the job at the time of the accident? _____		
	Are you insured by Medicaid? ____ Medicare? ____ Tricare? ____ Please provide name and SSN of primary insured. _____		
	Have you filed a claim with your Insurance Company? _____ Date _____ If so, what is the name of your Insurance Company? _____ Phone Number? _____ Policy Number? _____ Claim Number? _____		

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