NOTICE OF TORT CLAIM

Email this document and/or any supporting documentation to:

TortClaims@brokenarrowok.gov

or mail to:

City Clerk
220 S. First Street
Broken Arrow, OK 74012
Email is the preferred submission format

IMPORTANT NOTICE: Submit your claim as soon as possible. To be valid, your claim must be submitted in writing to the City Clerk within one (1) year from the initial date of loss. The claim will then be investigated. The City has ninety (90) days after you have filed a valid claim to investigate. Other limitations may apply to your claim. (See Oklahoma Statutes Title 51 §§ 151-171.)

Claimant:				
Date of Birth:		Social Security Number:		
Address:		ity:	State:	_ Zip:
Mailing Address (if different):		City:	State:	Zip:
Preferred contact information: Home:		Work:		
Cell:	Email:			
Spouse's Name:		Social Security Number:		
Custodial Parent/Guardian	(for Juvenile Claimant):			
Date of Birth:		Social Security Number:		
Amount of Claim:				
PERSONAL INJURY	PROPERTY DAMAGE	OTHER	Тота	L
\$	\$	\$	\$	
	lls or documentation to supperty for which you are clai			
Date, time and address/loc	ation of incident:			

Describe incident (Use back or additional documentation	on if necessary):
Name of City employee or department involved:	
Name, address and phone number of all witnesses or or	ther persons involved:
Describe why you feel the City of Broken Arrow is result documentation if necessary):	ponsible for the damage or loss? (Use back or additional
Are there any special circumstances that we need to kn [f yes, describe:	ow to help us evaluate this claim? Yes No
Is anyone else authorized to settle this claim on your being the settle this claim.	
Additional claimant(s) contact information:	
THE UNDERSIGNED SWEARS THE INFORMAT CORRECT TO THE BEST OF MY KNOWLEDGE	
CLAIMANT SIGNATURE	DATE
SPOUSE SIGNATURE	DATE
CUSTODIAL PARENT/GUARDIAN SIGNATURE NOTICE: The City does not waive or extend time deadlines.	DATE e limits. If you supplement a claim, it does not exte