WINTHROP UNIVERSITY TORT CLAIM FORM

DATE	2	
Person Making (Claim:	
Claim is h	ereby made against	
for damage result	ing from occurrence.	
DATE	LOCATION OF OCCURRENCE	AMOUNT CLAIMED
TIME:	ADDRESS COUNTY	\$(Attach supporting bills, estimates, other documents
The cause	of damage or injury was as follows:	
Reason yo	ou feel Winthrop University is legally liable:	

STATE OF SOUTH CAROLINA)	A EEID A VIT		
COUNTY OF)	AFFIDAVIT		
Personally appeared before me	who, upon		
oath, says that the above claim is true, just, and that no part has been paid.			
SWORN TO before me this day or	f		
	Claimant		
NOTARY PUBLIC	Address		

NOTE: The acceptance of this claim form does not constitute an admission of legal liability on the part of the State or any other of its subdivisions or agencies.