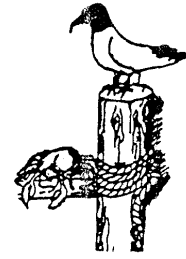




CITY OF SEADRIFT

Post Office Box 159
Seadrift, Texas 77983
Tel: (361) 785-2251
Fax: (361) 785-2208



Attach Copy of Report (Form 28-100) that you SEND to the Comptroller for the same time period for Oysters

MONTHLY TARIFF REPORT Municipal Harbor

DATE: _____ REPORT PERIOD: MONTH OF: _____, 20____

COMPANY (Lessee Name): _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

Oysters:

Barrels reported to Comptroller: _____ @ \$1.00 per Barrel = \$ _____
of Barrels x \$1.00 =

Seafood:

Lbs Reported and Shipped out: _____ @ 25¢ per 100lbs = \$ _____
(# of pounds ÷ 100) x \$.25 =

Product:

Lbs Reported and Shipped out: _____ @ 25¢ per 100lbs = \$ _____
(# of pounds ÷ 100) x \$.25 =

Subject to the tariffs adopted by the City of Seadrift the total tariffs reported and calculated for the covered period is a total of \$ _____, and this amount is attached. **ALSO A COPY OF the Comptroller's Oyster Report (Form 28-100) MUST BE ATTACHED TO THIS for the same month:**

○ COMPTROLLER FORM 28-100 IS ATTACHED

I hereby certify that this report is submitted in compliance with the requirements of the tariff adopted by the City of Seadrift and the information reported is hereby true, correct and complete.

WITNESS MY HAND this _____ day of _____, _____

Title of authorized person

Printed Name

Signature