



**Montague County Tax Appraisal District**

PO Box 121  
7549 State Hwy 175 N  
Montague, Texas 76251-0121

May 28, 2026

To All Taxing Entities:

Please see the attached enclosures:

The proposed budgets for 2027 are being submitted to your governing body for approval.

If you have any questions regarding the budgets, please contact our office.

We fully appreciate the challenges we all face in light of the growth and increase cost of goods & services. The budget proposal is driven by a focus on cost-containment and reduction in operating expenses where possible. The 2027 budget includes contract and insurance increases.

We are continuing to give back 90% in interest earned, miscellaneous and rent income back to the entities in the form of a credit against the budget (see page 3 of the Appraisal Budget and page 2 of the Collections budget).

The abundance of growth we continue to see in the county is not showing any indication of slowing down. We are continuing to maintain 5 staff members for appraising as we have for 38 years. We will continue to serve each of you in a professional manner.

Thank you, for your kind attention to this request. If you have questions, please do not hesitate to contact me.

Sincerely,

*Kim Haralson*

Kim Haralson

**Montague County Tax Appraisal District  
Board of Directors**

**David Fenoglio – Chairman**

**Bret Meekins– Secretary**

**Randy West**

**Trent Myers**

**Dale Hudspeth**

**Non–voting member**

**Kathryn Phillips, Tax Assessor–Collector**

# Montague County Tax Appraisal District 2027 – Proposed Appraisal Budget

## Taxing Entities:

Alvord ISD  
City of Bowie  
Bowie ISD  
Forestburg ISD  
Goldburg ISD  
Montague County  
Montague ISD  
City of Nocona  
Nocona Hospital District  
Nocona ISD  
Prairie Valley ISD  
City of Saint Jo  
Saint Jo ISD  
Slidell ISD

**Montague County Tax Appraisal District  
2027 Proposed  
Tax Collections Budget**

**Taxing Entities:**

City of Bowie  
Bowie ISD  
Goldburg ISD  
Montague ISD  
Prairie Valley ISD  
City of Saint Jo  
Saint Jo ISD

Montague County Tax Appraisal District - Appraisal Budget 2027 [PROPOSED]								(+ / -)
	Budgeted	Used	Budgeted	Actual to	%	Proposed 2027	previous	
	2025	2025	2026	5/26/2026	used		year	
<b>Employee Expenses</b>								
Salaries & Benefits	449,602.17	496,059.58	480,334.27	178,350.94		484,625.47	4,291.20	
<b>Appraisal Services</b>								
Vehicle Expense	1,500.00	930.62	1,500.00	1,779.33	118.6%	1,500.00	0.00	
Fuel	4,000.00	500.00	4,000.00	12.99	0.3%	4,000.00	0.00	
Mapping Services	11,500.00	11,500.00	12,700.00	6,350.00	50.0%	13,500.00	800.00	
Appraisal Contract (P&A)	121,800.00	121,800.00	127,890.00	63,945.00	50.0%	131,000.00	3,110.00 *	
Appraisal Contract (R&P)	191,850.00	140,236.90	191,850.00	68,000.00	35.4%	191,850.00	0.00	
<b>Special Services</b>								
Audit & Accounting	11,600.00	10,800.00	11,600.00	11,014.56	95.0%	11,200.00	-400.00	
Appraisal Review Board	5,000.00	4,147.13	5,000.00	1,000.00	20.0%	5,000.00	0.00	
Professional Fees	6,000.00	3,311.89	6,000.00	855.06	14.3%	5,000.00	-1,000.00	
Auto Insurance	800.00	915.32	900.00		0.0%	1,125.00	225.00 *	
Gen Liability Insurance	550.00	600.74	550.00	1,000.00	181.8%	687.50	137.50	
Insurance-Contents/Bldg	2,300.00	2,558.78	2,400.00		0.0%	3,648.00	1,248.00 *	
Officials Liab Bond/Cyber S	2,860.00	2,930.59	2,860.00		0.0%	3,575.00	715.00 *	
Education AD	3,000.00	685.00	3,000.00	625.00	20.8%	3,000.00	0.00	
Dues & Subscription AD	5,000.00	2,159.04	5,000.00	363.01	7.3%	5,000.00	0.00	
ARB Legal						1,000.00	1,000.00	
<b>Office Expenses</b>								
General Supplies AD	1,500.00	1,657.12	1,500.00	234.31	15.6%	1,500.00	0.00	
Postage AD	28,500.00	23,118.19	28,500.00	9,438.02	33.1%	28,500.00	0.00	
Office Supplies AD	5,000.00	3,281.09	5,000.00	1,431.70	28.6%	5,000.00	0.00	
Ads & Legal Notices	5,000.00	2,719.89	5,000.00	1,539.75	30.8%	5,000.00	0.00	
Office Equip Maint AD	1,500.00	1,682.29	1,500.00	0.00	0.0%	1,500.00	0.00	
Appraisal Notice	18,000.00	11,571.83	18,000.00	5,000.00	27.8%	18,000.00	0.00	
PC Expense/Accounting Sc	3,160.00	4,264.57	3,160.00	2,056.15	65.1%	3,160.00	0.00 *	
Rent Equip AD	1,600.00	0.00	3,400.00	737.15	21.7%	3,400.00	0.00	
<b>Building Expense</b>								
Janitor/Gbg Svc AD	8,000.00	7,596.61	9,300.00	3,663.59	39.4%	9,300.00	0.00	
Electricity AD	5,000.00	3,214.11	5,000.00	1,675.24	33.5%	5,000.00	0.00	
Telephone AD	3,200.00	3,797.07	3,200.00	1,558.48	48.7%	3,200.00	0.00	
Water AD	800.00	419.83	800.00	141.82	17.7%	800.00	0.00	
Building Repairs AD	2,400.00	5,003.02	2,400.00	1,038.95	43.3%	2,400.00	0.00	
<b>Computer Maintenance</b>								
Mapping Software	3,500.00	3,500.00	3,500.00	1,750.00	50.0%	3,500.00	0.00	
Computer Software AD	27,340.00	24,885.68	28,707.00	8,362.82	29.1%	31,913.28	3,206.28	
Gemini Mapping AD	1,000.00	0.00	1,000.00	0.00	0.0%	3,500.00	2,500.00	

	Budgeted		Used		Budgeted		Actual to		%	Proposed 2027	previous
	2025		2025		2026		5/26/2026		used		year
Required Website	2,520.00		2,520.00		2,520.00		8,266.66			2,520.00	0.00 *
NextARB Software	2,500.00		2,500.00		2,500.00		2,500.00			2,500.00	0.00
Minerals Software					3,750.00		0.00			3,750.00	0.00
Enhanced Website										4,250.00	4,250.00
Building Capital	2,500.00		6,000.00		2,500.00		0.00		0.0%	2,500.00	0.00
Computer Capital	2,500.00		2,500.00		5,000.00		0.00		0.0%	5,000.00	0.00
Vehicle Capital	2,500.00		2,500.00		2,500.00		0.00		0.0%	2,500.00	0.00
Office Equip Capital	2,000.00		2,000.00		2,000.00		0.00		0.0%	2,000.00	0.00
<b>Total Expenses</b>	<b>947,382.17</b>		<b>913,866.89</b>		<b>996,321.27</b>		<b>382,690.53</b>		<b>38.4%</b>	<b>1,016,404.25</b>	<b>20,082.98</b>
<b>% of Increase or Decrease from previous year</b>					<b>5.17%</b>					<b>2.02%</b>	
										* indicates contract increase	
<b>Entity</b>	<b>2023</b>		<b>2024</b>		<b>2025</b>		<b>2026</b>				
	<b>Tax Levy</b>	<b>Parcel #</b>	<b>Tax Levy</b>	<b>Parcel #</b>	<b>Tax Levy</b>	<b>Parcel #</b>	<b>Tax Levy</b>	<b>Parcel #</b>			
Alvord ISD	359,615.21	293	385,758.97	293	353,877.94	296					
Bowie ISD	9,732,727.11	42,948	9,977,514.78	28,817	9,832,228.58	28,220					
City of Bowie	2,319,550.95	3,874	2,581,906.42	3,776	2,711,297.62	3,759					
Forestburg ISD	1,438,764.62	16,848	1,672,477.19	4,953	1,581,173.76	6,814					
Goldburg ISD	1,293,908.31	9,558	1,259,755.58	6,956	1,210,908.17	6,188					
Montague County	12,713,328.40	98,867	13,013,815.97	63,301	13,709,143.90	65,308					
Montague ISD	369,518.32	2,259	423,273.62	1,568	429,456.19	1,659					
City of Nocona	660,333.97	2,119	659,446.70	2,077	714,488.01	2,080					
Nocona ISD	2,512,099.82	10,461	3,844,699.71	8,907	3,823,228.13	8,678					
Nocona Hospital District	1,017,384.93	15,283	1,119,849.33	13,575	1,239,106.50	13,261					
Prairie Valley ISD	850,072.58	4,832	889,011.00	4,675	776,965.28	4,590					
City of Saint Jo	320,681.87	724	322,868.23	731	365,948.66	733					
Saint Jo ISD	1,940,298.33	17,279	1,850,406.03	9,456	1,748,909.99	10,789					
Slidell ISD	6,789.79	21	5,367.39	22	4,810.18	20					
<b>Total</b>	<b>35,535,074.21</b>		<b>38,006,150.92</b>		<b>38,501,542.91</b>						

Montague County Tax Appraisal District

P.O. Box 121

Montague TX 76251-0121

**2027 Appraisal Budget [PROPOSED]**

(Montague County only)

Budget - \$1,002,257

Entity	2025 Adjusted Tax Levy	%	2027 Annual	2027 Quarterly	2026 Annual	2026 Quarterly
Alvord ISD	353,877.94	0.9191%	9,212	2,303	9,025	2,256
Bowie ISD	9,832,228.58	25.5372%	255,948	63,987	251,268	62,817
City of Bowie	2,711,297.62	7.0420%	70,579	17,645	69,212	17,303
Forestburg ISD	1,581,173.76	4.1068%	41,161	10,290	40,362	10,091
Goldburg ISD	1,210,908.17	3.1451%	31,522	7,880	30,885	7,721
Montague County	13,709,143.90	35.6067%	356,871	89,218	349,862	87,466
Montague ISD	429,456.19	1.1154%	11,179	2,795	10,977	2,744
City of Nocona	714,488.01	1.8557%	18,599	4,650	18,222	4,556
Nocona ISD	3,823,228.13	9.9301%	99,525	24,881	97,667	24,417
Nocona Hospital District	1,239,106.50	3.2183%	32,256	8,064	31,603	7,901
Prairie Valley ISD	776,965.28	2.0180%	20,226	5,056	19,816	4,954
City of Saint Jo	365,948.66	0.9505%	9,526	2,382	9,361	2,340
Saint Jo ISD	1,748,909.99	4.5424%	45,527	11,382	44,799	11,200
Slidell ISD	4,810.18	0.0125%	125	31	123	31
<b>Total</b>	<b>38,501,542.91</b>	<b>100%</b>	<b>1,002,255</b> (Estimate)	<b>250,564</b> (Estimate)	<b>983,182</b>	<b>245,796</b>
<b>Budgeted Revenue</b>			<b>1,016,404</b>			
- Less Interest Revenue			<b>10,154</b>			
- Less Misc Revenue			<b>994</b>			
- Less Rent Income			<b>3,000</b>			
<b>Entity Budget Revenue</b>			<b>1,002,257</b>			<b>1.94%</b>

<b>Montague County Tax Appraisal District - Tax Collections Budget 2027 [PROPOSED]</b>									
	Budgeted	Used	Budgeted	Actual to	%	Proposed		(*/-)	
	2025	2025	2026	5/26/2026	used	2027		previous	
								year	
<b>Employee Salaries &amp; Benefits</b>									
Salaries & Benefits	52,804.00	74,424.59	66,086.09	25,410.60		68,333.83		2,247.74	
<b>Education</b>									
Bonds & Insurance TC	550.00	732.65	1,290.00	0.00	0.0%	1,290.00		0.00	
Professional Fees	2,000.00	1,647.33	3,000.00	600.23	20.0%	3,000.00		0.00	
Education TC	250.00	144.00	1,250.00	140.00	11.2%	1,250.00		0.00	
Audit & Accounting Fees TC	2,900.00	2,700.00	2,900.00	2,751.62	94.9%	2,800.00		-100.00	
<b>Office Expenses</b>									
General Supplies TC	500.00	325.28	700.00	50.22	7.2%	700.00		0.00	
Postage TC	14,500.00	13,410.75	16,500.00	5,505.79	33.4%	16,500.00		0.00	
Office Supplies TC	2,500.00	1,653.02	2,500.00	287.21	11.5%	2,500.00		0.00	
Tax Roll/Statements	6,000.00	4,859.72	6,000.00	1,371.29	22.9%	6,000.00		0.00	
Office Equipment Maint TC	500.00	457.46	500.00	184.30	36.9%	500.00		0.00	
PC Expense TC	600.00	323.07	800.00	514.04	64.3%	800.00		0.00	
<b>Building Expense</b>									
Janitor/Gbg Svc TC	1,265.00	1,874.16	2,000.00	817.96	40.9%	2,000.00		0.00	
Electricity TC	1,250.00	784.88	1,250.00	344.07	27.5%	1,250.00		0.00	
Telephone TC	550.00	915.65	800.00	319.13	39.9%	800.00		0.00	
Water TC	200.00	104.97	200.00	30.14	15.1%	200.00		0.00	
Rent TC	3,000.00	3,000.00	3,000.00	1,000.00	33.3%	3,000.00		0.00	
<b>Computer Maintenance</b>									
Computer Software TC	6,080.00	6,133.92	6,590.00	2,090.70	31.7%	6,590.00		0.00	
Required Website	480.00	0.00	630.00	566.67	89.9%	630.00		0.00	
Required TNT Website	1,000.00	630.00	1,054.00	0.00	0.0%	3,245.00		2,191.00	
<b>Total Expenses</b>	<b>96,929.00</b>	<b>114,121.45</b>	<b>117,050.09</b>	<b>41,983.97</b>	<b>35.9%</b>	<b>121,388.83</b>		<b>4,339</b>	
<b>% of Increase or Decrease from previous year</b>			<b>20.76%</b>			<b>3.71%</b>			

Montague County Tax Appraisal District

P.O. Box 121

Montague TX 76251-0121

**2027 Tax Collections Budget [PROPOSED]**

Budget - \$99,560

Entity	2025 Statement #	%	2027 Annual	2027 Quarterly	2026 Annual	2026 Quarterly
Bowie ISD	28,220	50.449%	\$50,227	\$12,557	\$56,980	\$14,245
City of Bowie	3,759	6.720%	\$6,690	\$1,673	\$7,466	\$1,867
Goldburg ISD	6,188	11.062%	\$11,014	\$2,753	\$13,754	\$3,439
Montague ISD	1,659	2.966%	\$2,953	\$738	\$3,100	\$775
Prairie Valley ISD	4,590	8.206%	\$8,169	\$2,042	\$9,244	\$2,311
City of Saint Jo	733	1.310%	\$1,305	\$326	\$1,445	\$361
Saint Jo ISD	10,789	19.287%	\$19,202	\$4,801	\$18,697	\$4,674
Totals	55,938	100%	\$99,560 (Estimate)	\$24,890 (Estimate)	\$110,686	\$27,672
<b>Entity Budget Revenue</b>	\$121,389					
Tax Certificate	\$2,097					
Interest	\$19,273					
Miscellaneous	\$459					
	\$99,560					



## 2026 – 2027 Renewal Notice and Benefit Confirmation

Group: 94581 - Montague County    Anniversary Date: 10/01/2026

Return to TAC by: 06/26/2026

Please initial and complete each section confirming your group's benefits and fill out the contribution schedule according to your group's funding levels. Fax to 512-481-8481 or email to cashah@county.org.

For any plan or funding changes other than those listed below, please contact Casha Hill at 800-456-5974.

### MEDICAL

Medical: Plan 1200 \$30 Copay, \$1000 Ded, 80%, \$3000 OOP Max

RX Plan: 4A \$10/25/40, \$0 Ded

Your % rate change is: 6.50%

Your payroll deductions for medical benefits are: Pre Tax

Tier	Current Rates	New Rates Effective 10/01/2026	New Amount Employer Pays	New Amount Employee Pays	New Amount Employer Pays for Retiree (if applicable)	New Amount Retiree Pays (if applicable)
Employee Only	\$1,115.76	\$1,188.28	\$1188.28	\$ 0	\$	\$1188.28
Employee & Spouse	\$2,381.42	\$2,536.20	\$1188.28	\$1347.92	\$	\$2536.20
Employee & Child(ren)	\$1,754.34	\$1,868.36	\$1188.28	\$680.08	\$	\$1868.36
Employee & Family	\$3,020.00	\$3,216.30	\$1188.28	\$2028.02	\$	\$3216.30

\_\_\_\_\_ Initial to accept Medical Plan and New Rates.

## DENTAL

Dental: Plan II w/Ortho - 100% Prevent., \$50 Ded, 80% Bas., 50% Major

Your % rate change is: 9.80%

Your payroll deductions for dental benefits are: Pre Tax

Tier	Current Rates	New Rates Effective 10/01/2026	New Amount Employer Pays	New Amount Employee Pays	New Amount Employer Pays for Retiree (if applicable)	New Amount Retiree Pays (if applicable)
Employee Only	\$36.66	\$40.24	\$ <u>40.24</u>	\$ <u>0</u>	\$ _____	\$ <u>40.24</u>
Employee & Spouse	\$80.70	\$88.60	\$ <u>40.24</u>	\$ <u>48.36</u>	\$ _____	\$ <u>88.60</u>
Employee & Child(ren)	\$75.78	\$83.20	\$ <u>40.24</u>	\$ <u>42.96</u>	\$ _____	\$ <u>83.20</u>
Employee & Family	\$119.76	\$131.50	\$ <u>40.24</u>	\$ <u>91.26</u>	\$ _____	\$ <u>131.50</u>

\_\_\_\_\_ Initial to accept Dental Plan and New Rates.

## VISION

Vision: VALUE-12/12/24, \$10 Exam Copay, \$15 Lenses Copay, \$130 Frame Allowance

Your % rate change is: 0.00%

Your payroll deductions for vision benefits are: Pre Tax

Tier	Current Rates	New Rates Effective 10/01/2026	New Amount Employer Pays	New Amount Employee Pays	New Amount Employer Pays for Retiree (if applicable)	New Amount Retiree Pays (if applicable)
Employee Only	\$4.58	\$4.58	\$ <u>4.58</u>	\$ <u>0</u>	\$ _____	\$ <u>4.58</u>
Employee & Spouse	\$8.72	\$8.72	\$ <u>4.58</u>	\$ <u>4.14</u>	\$ _____	\$ <u>8.72</u>
Employee & Child(ren)	\$9.18	\$9.18	\$ <u>4.58</u>	\$ <u>4.60</u>	\$ _____	\$ <u>9.18</u>
Employee & Family	\$13.52	\$13.52	\$ <u>4.58</u>	\$ <u>8.94</u>	\$ _____	\$ <u>13.52</u>

\_\_\_\_\_ Initial to accept Vision Plan and New Rates.

**LIFE – BASIC (EMPLOYER PAID)**

**Basic Life Products:**

Coverage volume per employee: \$20,000  
(Rates per thousand)

**Basic Life**

<b>Current Rates</b>	<b>New Rates Effective 10/01/2026</b>	<b>New Amount Employer Pays</b>
\$0.20	\$0.20	\$0.20

**Basic AD&D**

<b>Current Rates</b>	<b>New Rates Effective 10/01/2026</b>	<b>New Amount Employer Pays</b>
\$0.03	\$0.03	\$0.03

\_\_\_\_\_ Initial to accept New Basic Life Rates.

## EMPLOYEE SELF-SERVICE (ESS) INFORMATION

The ESS (mybenefits.county.org) allows employees to update employee and dependent demographic data and make election changes. Demographic updates are always enabled on the ESS. However, groups must opt in to allow election changes on the ESS.

Please select one option below to indicate if your group would like to allow employees to make election changes on the ESS. All changes made by employees on the ESS are reflected in real time on OASys and in available reports.

ESS:  Allow election changes on the ESS  Do not allow election changes on the ESS

\_\_\_\_\_ Initial to confirm ESS Elections.

## RETIREE INFORMATION

Please indicate how your group manages retiree coverage.

Your group allows retiree coverage for:

Medical: Pre-65  Post-65

Dental: Pre-65  Post-65

Vision: Pre-65  Post-65

\_\_\_\_\_ Initial to confirm Retiree Eligibility.

## WAITING PERIOD

Waiting period applies to all benefits.

### Employees

89 days - Day following waiting period

### Elected Officials

Date of Hire

\_\_\_\_\_ Initial to confirm Waiting Period.

## COBRA ADMINISTRATION

Please indicate how your group manages COBRA administration:

Group processes COBRA on OASys

*\* Group is responsible for fulfilling COBRA notification process and requirements.*

BenefitConnect COBRA Department coordinates COBRA Administration

*\* WTW BenefitConnect administers COBRA via contract between Group and TAC HEBP.*

Group processes TAC HEBP Continuation of Coverage on OASys (< 20 employees)

*\* Group is responsible for fulfilling COBRA notification process and requirements.*

\_\_\_\_\_ Initial to confirm COBRA Administration.



## TAC HEBP Member Contact Designation

### CONTRACTING AUTHORITY

As specified in the Interlocal Participation Agreement, the person signing this RNBC represents and acknowledges that they are authorized to sign on the county or district's behalf.

Please list changes and/or corrections below.

**Name** Ms. Jennifer Essary  
**Title** Auditor  
**Address** PO Box 56  
Montague, TX 76251-56  
**Phone** 9408942565  
**Fax** 9408943110  
**Email** j.essary@co.montague.tx.us

Charles Lanier  
Auditor  
PO Box 56  
Montague, Tx 76251  
940-894-2565  
940-894-3110  
auditor@co.montague.tx.us

### BILLING CONTACT

Responsible for receiving all invoices relating to HEBP products and services.

Please list changes and/or corrections below.

**Name** Jennifer Fenoglio  
**Title** Treasurer  
**Address** PO BOX 186  
Montague, TX 76251  
**Phone** 9408942161  
**Fax** 9408943110  
**Email** j.fenoglio@co.montague.tx.us

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### COUNTY REPRESENTATIVE

HEBP's main contact for daily matters pertaining to the health benefits.

Please list changes and/or corrections below.

**Name** Jennifer Fenoglio  
**Title** Treasurer  
**Address** PO Box 186  
Montague, TX 76251  
**Phone** 9408942161  
**Fax** 9408943110  
**Email** j.fenoglio@co.montague.tx.us

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## TAC HEBP Member Contact Designation

### CONTRACTING AUTHORITY

As specified in the Interlocal Participation Agreement, the person signing this RNBC represents and acknowledges that they are authorized to sign on the county or district's behalf.

Please list changes and/or corrections below.

**Name** Ms. Jennifer Essary  
**Title** Auditor  
**Address** PO Box 56  
Montague, TX 76251-56  
**Phone** 9408942565  
**Fax** 9408943110  
**Email** j.essary@co.montague.tx.us

Kevin Benton  
County Judge  
PO Box 475  
Montague Tx 76251-0475  
940-894-2401  
940-894-3949  
Co. Judge@co.montague.tx.us

### BILLING CONTACT

Responsible for receiving all invoices relating to HEBP products and services.

Please list changes and/or corrections below.

**Name** Jennifer Fenoglio  
**Title** Treasurer  
**Address** PO BOX 186  
Montague, TX 76251  
**Phone** 9408942161  
**Fax** 9408943110  
**Email** j.fenoglio@co.montague.tx.us

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### COUNTY REPRESENTATIVE

HEBP's main contact for daily matters pertaining to the health benefits.

Please list changes and/or corrections below.

**Name** Jennifer Fenoglio  
**Title** Treasurer  
**Address** PO Box 186  
Montague, TX 76251  
**Phone** 9408942161  
**Fax** 9408943110  
**Email** j.fenoglio@co.montague.tx.us

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## HEALTHY COUNTY WELLNESS COORDINATORS

Primary contact regarding the Healthy County wellness program. Groups can designate up to two Wellness Coordinators.

Please list changes and/or corrections below.

**Name**           Angelia Richardson  
**Title**           Admin Assistant  
**Address**       PO Box 475  
                   Montague, TX 76251-475  
**Phone**         9408942401  
**Fax**  
**Email**         arichardson@co.montague.tx.us

---

---

---

---

---

---

---

**Name**  
**Title**  
**Address**  
  
**Phone**  
**Fax**  
**Email**

---

---

---

---

---

---

---

## HEALTHY COUNTY WELLNESS SPONSORS

An elected or appointed official (preferred) who supports the administration of the Healthy County wellness program. Groups can designate up to two Wellness Sponsors.

Please list changes and/or corrections below.

**Name**           Kim Jones  
**Title**           County Clerk  
**Address**       P.O. Box 77  
                   Montague, TX 76251-8  
**Phone**         9408942461  
**Fax**            9408946601  
**Email**         kjones@co.montague.tx.us

---

---

---

---

---

---

---

**Name**           Laurie Ritchie  
**Title**           Election Admin Assistant  
**Address**       11339 State Hwy. 59 N  
                   Montague, TX 76251  
**Phone**         9408942540  
**Fax**  
**Email**         electionclerk@co.montague.tx.us

---

---

---

---

---

---

---

\_\_\_\_\_ **Initial to confirm Member Contact Designations.**

## HIPAA CERTIFICATION

### Terms of the HIPAA Certification Agreement Signed by County/District contracting authority in order to receive Protected Health Information (PHI):

*Note: In order for TAC HEBP to disclose PHI to a TAC HEBP member entity (such as a County or District that contracted for TAC HEBP benefits), the contracting authority must have signed the Certification, which includes the provisions set out below (unless the individual whose PHI is being disclosed has signed a HIPAA Authorization allowing their PHI to be disclosed for this purpose). The County/District is referred to as an "EMPLOYER" in the Certification. Any County/District employee who receives PHI on the "EMPLOYER'S" behalf must comply with these terms. If you have any questions about whether the information you are receiving is PHI or these Certification provisions, please contact a member of the TAC Health and Benefits Services' team.*

\*\*\*

As required under the HIPAA Standards for Confidentiality of Individually Identifiable Health Information, 45 CFR Parts 160 & 164 ("HIPAA Privacy Regulations"), the Plan Sponsor (EMPLOYER) certifies to the Texas Association of Counties Health Employees Benefit Pool (the "Plan") that, upon receipt of any Protected Health Information ("PHI"), EMPLOYER will comply with the provisions of the HIPAA Certification. These provisions include:

1. EMPLOYER certifies that it only will use or disclose PHI for plan administration purposes of the Plan, consistent with any Plan documentation and as permitted by law.
2. EMPLOYER will require that any agents or subcontractors to whom it provides PHI received under this Certification to agree in writing to the same restrictions and conditions that apply to COUNTY with respect to such information.
3. EMPLOYER agrees not to use or disclose any information received under this Certification for employment-related actions and decisions, or in connection with any other benefit or employee benefit plan sponsored by EMPLOYER.
4. EMPLOYER will report to the Plan any use or disclosure of information that is inconsistent with the uses or disclosures provided for under this Certification of which it becomes aware.
5. EMPLOYER will make available any information it holds under this Certification in order for Plan to comply with the access requirements under 45 CFR § 164.524.
6. EMPLOYER will make available any information it holds under this Certification in order for Plan to comply with the amendment requirements under 45 CFR § 164.526, and will incorporate any amendments to PHI it holds, as required in 45 CFR § 164.526.
7. EMPLOYER agrees to document and provide a description of any disclosures of PHI, and information related to such disclosures, as would be required for Plan to respond to a request by an individual for an accounting of disclosures of PHI in accordance with 45 CFR § 164.528.

8. EMPLOYER agrees to make its internal practices, books, and records relating to the use and disclosure of PHI received from the Plan available to the Secretary of Health and Human Services, for purposes of the Secretary determining the Plan's compliance with the HIPAA Privacy Regulations.
9. EMPLOYER will return or destroy all PHI received from Plan that EMPLOYER maintains in any form, including by agents or subcontracts, and retain no copies of such information, when it is no longer needed for the purpose for which the disclosure was made, except that, if EMPLOYER and Plan agree that such return or destruction is not feasible, EMPLOYER will limit further uses or disclosures of the information to those purpose that make the return or destruction of the information infeasible.
10. EMPLOYER will resolve issues of noncompliance with the terms of this Certification by persons entitled to use or disclose PHI under this Certification in a timely manner.
11. EMPLOYER will implement administrative, physical, and technical safeguards that reasonably and appropriately protect the confidentiality, integrity, and availability of any electronic PHI that it receives from the Plan, in accordance with the HIPAA Security Standards, 45 CFR Parts 160, 162, and 164. EMPLOYER will report to the Plan any security incident under the HIPAA Security Standards of which it becomes aware.
12. EMPLOYER will establish adequate separation between EMPLOYER and Plan, as required under 45 CFR § 164.504(f)(2)(iii) by limiting access to PHI to those employees or classes of employees listed below whom EMPLOYER has determined are entitled to use or disclose such PHI. EMPLOYER will require that these listed employees will receive HIPAA Privacy Training and only may use or disclose such PHI for plan administration functions, as defined in the HIPAA Privacy Regulations. Plan only will disclose PHI to the following employees whom EMPLOYER has determined are entitled to receive PHI.

Kevin Benton

Printed Name of Contracting Authority

\_\_\_\_\_  
Signature of Contracting Authority

\_\_\_\_\_  
Date

**PLAN INFORMATION**

- RNBC must be received by 06/26/2026 to avoid additional administrative fees.
- Signature below is required to confirm and accept your group's renewal.
- Rates based upon current benefits and enrollment. A substantial change in enrollment (10% over 30 days or 30% over 90 days) may result in a change in rates.
- If applicable, retiree rates are the same for medical, dental, and vision as active employees regardless of age.
- If applicable, broker commissions are included in rates.

\_\_\_\_\_ Initial to confirm Plan Information.

**RENEWAL CONFIRMATION SIGNATURE**

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of County Judge or Contracting Authority

*Kevin Benton, County Judge*

Please PRINT Name and Title

*The Texas Association of Counties would like to thank you for your membership in the only all county-owned and county directed Health and Employee Benefits Pool in Texas.*



### 2026 – 2027 Alternate Plan Proposal

Group: 94581 - Montague County

Effective Date: 10/01/2026

Plan: Option:	Current Plan Year	Renewal Rates	Option 1	Option 2	Option 3
	Plan 1200 RX-4A	Plan 1200 RX-4A	Plan 1200-G RX-4A-G	Plan 1200-G2 RX-4A-G2	Plan 1300-NG RX-4A-NG
<b>Rates</b>					
Employee Only	\$1,115.76	\$1,188.28	\$1,151.98	\$1,118.54	\$1,142.64
Employee & Spouse	\$2,381.42	\$2,536.20	\$2,458.08	\$2,386.06	\$2,437.94
Employee & Child(ren)	\$1,754.34	\$1,868.36	\$1,810.96	\$1,758.06	\$1,796.16
Employee & Family	\$3,020.00	\$3,216.30	\$3,117.08	\$3,025.60	\$3,091.50
<b>Medical Plan</b>					
Deductible In/Out Network	\$1000/3000	\$1000/3000	\$1200/3600	\$1370/4110	\$1500/4500
Co-Insurance% In/Out	80/60	80/60	80/60	80/60	80/60
Co-Insurance Maximum	\$3000/6000	\$3000/6000	\$3600/7200	\$4100/8200	\$3500/7000
Office Visit	\$30	\$30	\$35	\$40	\$30
Specialist Visit					
Emergency Room Hospital	\$120	\$120	\$120	\$135	\$150
<b>Prescription Plan</b>					
Prescription Card Co-Pay	\$10/25/40	\$10/25/40	\$10/30/45	\$15/30/50	\$10/25/40
Deductible	\$0	\$0	\$0	\$0	\$0

Proposal rates are based on the following information:

- Rates based upon current benefits and enrollment. A substantial change in enrollment (10% over 30 days or 30% over 90 days) may result in a change in rates.
- Rates are based on a minimum employer contribution of 100% of the employee only rate or current funding level.
- Retirees pay the same premium as active employees regardless of age for medical and dental.
- Form must be received by 06/26/2026 in order to avoid a delay in implementation of benefits and/or late processing fees.

Please indicate the selected plan here Plan 1200 / Rx-4A

Fax the signed document to 512-481-8481 or email to cashah@county.org.

Signature \_\_\_\_\_ Date \_\_\_\_\_



TEXAS ASSOCIATION of COUNTIES  
HEALTH AND EMPLOYEE BENEFITS POOL

## HEALTHY COUNTY: COUNTY SPECIFIC INCENTIVE PROGRAM

A County Specific Incentive (CSI) is a wellness program that rewards employees and/or spouses for healthy behaviors such as completing an annual exam, tobacco affidavit, or participating in a physical activity program in exchange for avoiding a premium contribution, a lower monthly premium, earn additional days of PTO, or other rewards decided on by the County or District. Penalties and Rewards are administered at the county or district level.

Healthy County is available to assist in the process of designing, communicating, and tracking a CSI. Employees will be able to view their progress and completion of the incentive online or on the mobile app.

### YOUR COUNTY OR DISTRICT'S CSI

Our records indicate that your County or District does not currently have a CSI. Please make a selection below to let us know if you would like to implement a CSI or learn more about implementing a CSI. Your county or district's Wellness Consultant will reach out to you to discuss design options. Also, please feel free to contact your county or district's Wellness Consultant at any time to begin this process. If your County or District decides to implement a CSI, there is a six week waiting period before employees can view the program online.

- We would like to implement a CSI Program for the 2027 plan year.
- We are interested in learning more about the CSI Program.
- We are not interested in learning more about the CSI Program at this time.

County or District Name: Montague County

Printed Name and Title: Kerin Benton, County Judge

Contracting Authority Signature: \_\_\_\_\_

Date: \_\_\_\_\_



Beyond The Call.

SERVICE AGREEMENT FOR COMMERCIAL PEST MANAGEMENT

Source Code: INB

Montague Animal Shelter
Account Name
704 Fm 455
Service Address
Montague TX Apt/Bldg # 76251-1199
City State Zip Code
940-894-2401 940-894-2401
Service Phone Cell Phone
940-894-2401
Fax Tenant
j.fenoglio@co.montague.tx.us
Contact Person Email

Montague Animal Shelter
Billing Name
704 Fm 455
Billing Address
Montague TX Apt/Bldg # 76251-1199
City State Zip Code
940-894-2401 940-894-2401
Billing Phone Cell Phone
940-894-2401
Fax Contact Person
j.fenoglio@co.montague.tx.us
Email

SERVICE FREQUENCY:

- Weekly
Bi-Monthly
Monthly
Every Other Month
Quarterly
One Time

SERVICE TYPE:

- Interior
Exterior

SERVICE FOR:

- Insect Control
Rodent Control
Rodent Exclusion
Stored Product Pest Control
Drain Management
Bird Management
Fire Ant Control
Fly Control

I. SCOPE OF SERVICE: Program Designed As Follows
Exterior pest control with interior warranty monitoring for rodents, fleas, and ticks.

TAX EXEMPT NONPROFIT

- II. ALL PEST CONTROL MATERIALS, when applied, will conform with product labeling.
III. AS PART OF THE COMPANY'S PEST CONTROL SERVICE, customer will be notified in writing of conditions that are conducive to breeding and harboring of pests which must be corrected to insure effective results.
IV. UPON REQUEST, the company will furnish a Certificate of Insurance.
V. THIS AGREEMENT SHALL BE EFFECTIVE FOR ONE YEAR; and shall renew at the same frequency thereafter unless written notice is given by either party thirty (30) days prior to anniversary date.
VI. IF PESTS COME BACK, SO WILL WE! If extra service is needed between regularly scheduled visits for covered pests, we will render such service promptly.

IPM services for roaches, ants (excluding fire ants, carpenter ants), silverfish, earwigs, house crickets, scorpions, pill bugs, millipedes, centipedes, mice and other crawling pests (excluding brown recluse, black widow spiders, and bed bugs). Specialized service for excluded pests can be added for an additional charge per occurrence. Rodent Program is for control of interior and exterior rats and mice.

Customer to purchase initial supply of Rodent Stations and any required additions or replacements.
Customer to purchase initial supply of Rodent Traps and any required additions or replacements.
Customer to purchase initial supply of Insect Light Traps and any required additions or replacements.

METHOD OF INITIAL PAYMENT: Cash Check Credit Card
Amount Remitted with Agreement \$ 418.00
Includes Initial Service Fee Payment + Sales Tax of 0%
Includes Year in Advance Payment Sales Tax of 0%

BALANCE OF: \$ 418.00 To Be Paid @ \$ 418.00 Per
Month Every Other Month Quarter Year N/A
Sales Tax of 0% Included Add Sales Tax of % N/A

PAYMENT METHOD FOR REMAINING SERVICES:

- Pay Tech Each Service Deduct Credit Card Each Service
Bill Other: N/A

Service Center Manager Approval Date

By signing below, I hereby acknowledge that I have read and understand the Terms and Conditions stated on each page of this agreement.

Montague Animal Shelter
Customer Name (please print) Customer Signature

By signing this agreement, I acknowledge that I wish to receive further communication electronically.
I do not wish to receive electronic service ticket information.

SERVICE FEES:

Initial Service Fee + Equipment Costs \$ 0
Regular Service Fee \$110 x 4 services \$ 440
Optional Service Fees \$
Subtotal For Services \$ 440
5% Discount For Year In Advance Payment \$ -22
Subtotal Of This Service Agreement \$ 418
Sales Tax (If applicable) 0% \$ 0
TOTAL ANNUAL AMOUNT \$ 418

Company Info

Address: 4144 U.S. Hwy 380 W (Lic 0727477)
City: Decatur
State: TX Zip: 76234
Phone: 940-627-7378

Company Representative Signature: Skalar Ferguson
Date: 06/01/2026

**COMMERCIAL PEST MANAGEMENT GUARANTEE  
TERMS AND CONDITIONS OF GUARANTEE**

1. **IF PESTS COME BACK, SO WILL WE!** The COMPANY agrees to provide guaranteed pest control service as indicated on the reverse side of this agreement. Additional treatments for pest covered under this agreement will be promptly rendered between regularly scheduled services, when requested by the customer or deemed necessary by the COMPANY.
2. **TRANSFERABLE:** This Service Agreement may be transferred to a new customer or occupant.
3. **SERVICE SCHEDULE:** Customer agrees to allow scheduled appointments for service. In the event a scheduled appointment can't be met due to unexpected circumstances, the customer acknowledges that exterior treatments may be rendered to prevent a lapse in ongoing pest protection.
4. **PAYMENT SCHEDULE:** Payment is due on the scheduled service date upon completion of service unless otherwise noted on reverse side of this agreement. Customer acknowledges that all billed and/or invoiced services will be paid within thirty (30) days of the date that services are rendered. All billed and/or invoiced services must be indicated on the reverse side of this agreement and approved by the COMPANY's service center manager.
5. **CANCELLATION POLICY:** Customer acknowledges this is a one year service agreement, however if you are not completely satisfied with your service, you may cancel this agreement at any time by providing the COMPANY with a thirty day written notice.
6. **RENEWABLE SERVICE AGREEMENT:** Upon the completion of the first year of service, this agreement shall continue thereafter at the same service frequency unless written notice is given, by either party, thirty days prior to the anniversary date of this agreement.
7. **ANNUAL PRICE GUARANTEE:** This agreement assures the customer of no price increase on services during the first year of service. After the first twelve months of service, the COMPANY reserves the right to adjust service fees.
8. **CUSTOMER'S OBLIGATION TO NOTIFY THE COMPANY:** Prior to the COMPANY rendering service, Customer agrees to notify the COMPANY of any occupant at the premises to be serviced, who may be an expectant mother, allergic or sensitive to chemicals and/or the arrival of newborn infants.
9. **ARBITRATION:** It is understood and agreed that this is the entire agreement of the parties, and that the COMPANY and the customer are bound only by the terms and conditions of this agreement and not by any other representation, warranty or agreement, oral or otherwise. The Customer and the COMPANY agree that any controversy or claim between them shall be settled by private, binding arbitration or, if agreeable to the parties, mediation, to be followed by arbitration should mediation not result in a settlement of the dispute. The parties shall submit their claim to a private arbitration or mediation provider. Any arbitrator shall have no authority to award any damages other than the actual monetary loss sustained. In no event shall the arbitrator have the authority to award any punitive or exemplary damages, treble or multiplied damages under any law or theory, damages for mental or emotional distress of any kind, or any costs or attorney's fees incurred by the parties.
10. **INSURANCE:** The COMPANY is fully insured for providing services described in this Agreement. Information about this coverage is available from the COMPANY.
11. **ACCEPTED IN ALL ITS TERMS AND CONDITIONS** without limitations, it being specifically understood that the COMPANY and the undersigned will be bound only by the terms set forth in this agreement and not by any other representations, oral or otherwise. This agreement is not binding until approved by the service center manager.
12. **PAYMENT:** When a check is provided as payment, the Customer agrees that the COMPANY is authorized to use check information to make a one-time electronic funds transfer from Customer's account or to process the payment as a check transaction. For inquiries, please call 1-888-GO-ARROW.
13. **Company-branded rodent equipment and associated materials provided by the Company are and shall remain the exclusive property of the Company. Customer understands that he/she does not acquire any ownership, interest, or title to such equipment and components, and that upon termination of agreement for any cause whatsoever, the Company is hereby authorized to remove all such Company-branded equipment and components.**



**RED RIVER AUTHORITY OF TEXAS**  
**Environmental Services Laboratory**



**Service Agreement**

This Agreement is made this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, between the Red River Authority, an agency of the State of Texas, hereinafter called **AUTHORITY** and \_\_\_\_\_, hereinafter called the **CONSUMER** for laboratory services.

WITNESSETH

I. The **AUTHORITY** agrees to:

- a. Conduct the analyses, and any sampling that is agreed upon, in accordance with applicable standards and regulations.
- b. Provide a report of findings to the **CONSUMER** within 10 business days following the completion of the analyses.
- c. Maintain confidentiality of all **CONSUMER** information and data.

II. The **CONSUMER** shall be responsible for:

- a. Providing environmental samples in accordance with the laboratory's sampling guidelines. This includes ensuring the correct amount of sample has been collected for analysis, as well as using the proper containers for holding the sample. Failure to properly collect the sample may result in the sample being rejected for analysis.
- b. Ensuring that all necessary permits for sampling and analysis are in place.
- c. Delivering samples to the laboratory during regular business hours. Samples need to be checked-in by a laboratory employee with a Chain of Custody form properly filled out. Samples that are dropped off after hours will not be suitable for analysis. Some tests require samples to be analyzed within 48 hours of collection. Please ensure that samples are delivered within the appropriate time frame for the desired test.
  1. Emergency Laboratory Service is available after hours and on weekends 24/7 for drinking water bacterial analysis only. The fee for this emergency service is provided in the Laboratory Price List. **CONSUMER** must arrange all emergency analysis in advance.
  2. Rush analysis and results are available for all analyses. The fee for this service is provided in the Laboratory Price List. **CONSUMER** must inform the laboratory employee during the check-in that a rush service is needed.
- d. Know what analyses need to be performed for each sample. The Laboratory will not make assumptions about what to run on each sample that is provided.
- e. To promptly pay each month the **AUTHORITY** for all services rendered according to the ESD fee schedule in effect at the time of analysis. Payments shall be made at the main office in Wichita Falls, Texas. Payment shall be made within 30 days of receipt of an invoice. If payments

are late, this may result in future samples being turned away until the balance on the account is paid. The **CONSUMER** may also be subject to a late fee for missed payments.

- f. Pick up any submitted sample from the laboratory deemed hazardous material for disposal. If the **CONSUMER** declines to retrieve the sample, a hazardous waste company will be contacted to handle the sample and the **CONSUMER** will be charged for the expense.
- g. **CONSUMER** further agrees the **AUTHORITY** may subcontract analysis as necessary. **CONSUMER** shall pay all shipping and any fees that may be incurred due to subcontract analysis. **CONSUMER** understands this may increase the number of days to report the findings.

III. Additional services not listed may be provided by the **AUTHORITY** after a quote for the service is agreed to by the **CONSUMER**.

IV. The **CONSUMER** agrees to indemnify and hold harmless the **AUTHORITY** from any claims, liabilities, damages, and expenses arising out of the performance of this Agreement, except as a result of gross negligence or willful misconduct.

V. Either party may terminate this Agreement by providing 30 days' written notice to the other party. In the event of termination, the **CONSUMER** shall pay for all services performed up to the date of termination.

<b>RED RIVER AUTHORITY OF TEXAS</b>	<b>CONSUMER</b>
_____ Lab Manager	_____ Authorized Representative
	_____ Purchasing Officer
	_____ Account Number

## Payment Details

### ACH Payments

Bank Name: \_\_\_\_\_ Name on Account: \_\_\_\_\_  
Account Number: \_\_\_\_\_ Routing Number: \_\_\_\_\_

### \*Card Payments

Name on Card: \_\_\_\_\_ Card Type (Please circle): Visa MasterCard Amex Discover  
Card Number: \_\_\_\_\_ CVC: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Billing Address: \_\_\_\_\_  
(Street Address)  
\_\_\_\_\_  
(City) (State) (Zip)

### Checks

Please make checks out to the Red River Authority of Texas

Payments can be delivered in person to:  
3000 Hammon Rd.  
Wichita Falls, TX 76310

Or mail to:  
Red River Authority of Texas  
P.O. Box 240, Wichita Falls, Texas 76307

\*Card payments are subject to a 4% convenience fee and a \$1.25 processing fee.



# CREDIT APPLICATION AND AGREEMENT

Please email or fax completed application and agreement to [mary@tricitymaterials.com](mailto:mary@tricitymaterials.com) / 972.767.0095



MATERIALS AND SERVICES, LP  
 P.O. Box 25521 Dallas, TX 75225  
 (P) 972.446.1816 (F) 972.767.0095  
[www.tricitymaterials.com](http://www.tricitymaterials.com)

## BUSINESS INFORMATION

Montague County

Legal Name of Business \_\_\_\_\_

P.O. Box 416 Montague Texas 76251  
 Mailing Address City State Zip Code

11339 St Hwy 59 N Montague Texas 76251  
 Physical Address, if Different City State Zip Code

Is this Application for a:

Sole Proprietorship\*  Partnership  Corporation   
\*If Sole proprietorship, please include a copy of current driver's license.

Please list all Principals of this Company:

Principals Name and Title	Email	Phone
County Judge-Kevin Benton	arichardson@co.montague.tx.us	(940) 894-2401
County Treasurer-Jennifer Fenoglio	j.fenoglio@co.montague.tx.us	(940)894-2161
County Commissioner-Mark Murphey	murphey3@gmail.com	(940)894-2556

Trade Name (If different legal name, ie: D.B.A.) \_\_\_\_\_

(940) 894-2161  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_

Date Business Commenced \_\_\_\_\_  
 Nature of Business County Government

## BANKING INFORMATION

Legend Bank (940) 872-2221

Name of Bank Phone Number  
 101 W TARRANT ST. Bowie Teks 76230  
 Primary Business Address City State Zip Code

Account Number \_\_\_\_\_ Type of Account \_\_\_\_\_

Name of Bank \_\_\_\_\_ Phone Number \_\_\_\_\_

Primary Business Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Account Number \_\_\_\_\_ Type of Account \_\_\_\_\_

## ADDITIONAL INFORMATION

Products Required: \_\_\_\_\_

Is Credit Required for a specific project? Yes  No

Is your company tax exempt? Yes  No

Is a P.O. Required on tickets and invoices? Yes  No

Amount of Credit Requested: \$ \_\_\_\_\_

Which location will you primarily purchase from: Sanger  Gainesville

If yes, Provide the Project Name: \_\_\_\_\_

Project Location: \_\_\_\_\_ Project Start Date: \_\_\_\_\_

If yes, please include a copy of Tax Exemption with the application.

E-Invoice Enrollment \_\_\_\_\_

\*Email: [commissioners@co.montague.tx.us](mailto:commissioners@co.montague.tx.us)

A/P Contact: Jennifer Fenoglio

Phone: (940) 894-2161

\*Note: Emails are sent automatically from our invoicing email, [tricityinvoices@gmail.com](mailto:tricityinvoices@gmail.com).  
 Invoices are typically processed Monday mornings, for the materials hauled the previous week.  
 Please be sure to notify us of any changes to email addresses for accounting.

## TRADE REFERENCES

- MUST LIST 4 REFERENCES
- MUST INCLUDE FAX OR EMAIL
- 1 MUST BE OF A SIMILAR NATURE OF BUSINESS TO TRICOUNTY

Company Name	Email and/or Fax	Phone
P&K Stone	admin@pkstonellc.com	(214)239-4721
Cooke County Crushed Stone	ddenton85@gmail.com	(940)759-4104
Burnco	scott.hickfang@burnco.com	(214)914-2179
J.R. Thompson	ar@jrthompsoninc.com	(940)665-2533

For Office Use Only

Reference:	1 <sup>st</sup> Attempt	2 <sup>nd</sup> Attempt	3 <sup>rd</sup> Attempt	Received/Date

- The undersigned applicant hereby confirms that they are acting in their individual capacity and as a legally authorized agent or representative on behalf of each principal, shareholder, partner or sole proprietor of the applicant (herein collectively the (Credit Applicant(s)) submitting this application, you (Credit Applicant) authorize have supplied.
- If approved for credit, all accounts are due and payable within 10 business days from the date of the invoice (Net 10). Any payment received after the due date may assess charges of 1.5% per month. Customers with invoices over 60 days past due, will result in an account hold. Customer will be responsible for all collection and legal fees incurred by TriCounty to collect past due invoices and file liens.
- TriCounty bears no responsibility or liability for overweight tickets or fines incurred by Customer.
- Any quote or bid sent to Customer from TriCounty for any project must be returned to verify agreement to quote. Signed quote must be returned to TriCounty before any material(s) will be loaded.

Approved by: \_\_\_\_\_

Approval Date: \_\_\_\_\_

Limit: \_\_\_\_\_ Customer ID: \_\_\_\_\_

Thank You for Choosing TriCounty Materials and Services! Please ensure application is dated and signed.

Signature: \_\_\_\_\_ Name and Title: \_\_\_\_\_ Date: \_\_\_\_\_



## Parker Waste Services LLC

P.O. Box 2047

Weatherford, Texas 76086

(817) 938-1504

www.parkerwasteservices.com

### Weekly Service Dumpster Agreement

Customer Name: Montague County Pct. 1

Service Address: 17139 FM 455 Forestburg, Texas 76239

Date Service Begins: 07/03/2026 Monthly Rate: \$ 187.00 Unit Size: 4-Yard

Please review and sign below to schedule your weekly dumpster service with Parker Waste Services LLC:

#### Charges and Payments

1. The Customer shall pay Parker Waste Services per established rates for the services provided plus applicable sales tax and all other governmental taxes and fees.
2. There is a one-time delivery fee of \$60.00 for the delivery of the dumpster, due at the time of setting up service.
3. Weekly dumpster rentals are for a minimum of one (1) year. Any service cancelled within the first year will be subject to a \$250 cancellation fee.
4. In the event collection efforts are required to obtain payment on this account, you agree to pay the reasonable costs of collection, to the extent permitted by law. These costs include but are not limited to any collection agency's fees, reasonable attorneys' fees, court or arbitration costs.

#### Accessibility

1. Dumpsters must be accessible on your scheduled service day beginning at 7am. If the dumpster is inaccessible due to a locked or inoperative gate, other vehicles or items blocking access to the dumpster, the dumpster will be serviced the following week. Please be aware that it is solely the customer's responsibility to ensure that the dumpster is accessible. In case the dumpster pad site or the road/driveway leading to the dumpster is too wet or muddy to access, the service will be provided on the next scheduled service day, pending improved weather conditions.
2. A minimum of 14' x 14' clearance of gates, over hanging trees, or any other structures is required for our trucks to access dumpster. If these requirements are not met, the dumpster will not be serviced.

#### Waste Materials

Weekly service dumpsters are intended for typical, daily compactable trash such as paper, plastic, cardboard, cans and jars. A **limited amount** of textiles, such as clothing, towels, sheets, and yard debris such as grass clippings, twigs and small limbs may be included.

The customer warrants the waste material in the dumpster will **NOT** contain the following:

1. Any hazardous waste including, but not limited to:
  - Asbestos
  - Batteries
  - Bleach
  - Cleaning Chemicals
  - Cooking Oil
  - Fluorescent Lamps
  - Fuel
  - Herbicides
  - Lead
  - Medical waste
  - Microwaves
  - Motor Oil
  - Paint
  - Pesticides
  - Pool Chemicals
  - Refrigerant
  - Tires
  - Wood Shavings
  - Biological Waste (Manure, feces, urine, blood, etc.)
2. Liquids of any kind, hazardous or non-hazardous.

3. Furniture or appliances including TVs, microwaves, mattresses, large appliances, AC units
4. Construction material such as concrete, brick, lumber, sheetrock, shingles, tile, carpet, flooring
5. Large/excessive lawn debris (large branches/limbs, excessive yard waste such as dirt or mulch)
6. Other prohibited substances as defined by applicable federal, state, local laws, or regulations.
7. Railroad ties or phone poles with creosote coating.

Any materials not acceptable, including those banned by federal, state, and local laws/regulations must be removed before service of the dumpster. Once items are removed, the dumpster will be serviced on your next regularly scheduled service date.

If prohibited materials are found in the dumpster after Parker Waste Services has serviced the dumpster, customer will be billed for any fines or cost associated with disposal of said items.

### **Loose Trash and Overloading**

Customer agrees that garbage may not be placed above the top edge of the dumpster and that dumpsters must be loaded in a manner that prevents loose debris. If a dumpster contains loose trash that may create litter during emptying or transport, including items such as shredded or loose-leaf paper, the dumpster may not be emptied. If a dumpster is overfilled or otherwise loaded in a manner that creates a safety or environmental cleanliness concern, Parker Waste Services reserves the right, at its sole discretion, to refuse service or to service the dumpster and assess additional fees.

### **Driveways and Parking Areas**

1. The customer warrants that any right of way provided by the customer to Parker Waste Services to the most convenient public way (street, road, etc.) is sufficient to bear the weight of all Parker Waste Services dumpster and vehicles required to perform the agreed upon service. Final location of the dumpster shall be at the discretion of Parker Waste Services and customer shall not move the dumpster after placement, without consent of PWS.
2. Parker Waste Services shall not be responsible for damage to any private pavement or accompanying sub-surface or any route necessary to perform the services contracted.
3. In addition, Parker Waste Services shall not be responsible for damage to lawns, fences, or shrubbery in accordance with an agreed upon drop spot. In designating a drop-spot, the customer assumes all liabilities for damage to pavement or road surface, sidewalks, lawns, fences, shrubbery, trees, septic systems, sprinkler systems, wells or underground utilities or resulting damages/injury to Parker Waste Services property and/or employees.

### **Customer Responsibility**

1. Customer is responsible for any damage to the dumpster, lids or mechanisms other than normal wear. This includes damage from dragging/moving the dumpster, dumpster fires or removing the lids.
2. The customer agrees to indemnify, defend, and hold harmless Parker Waste Services LLC, its owner, agents, employees and designees against all claims, damages, suits, penalties, fines and liabilities for injury or death to persons or loss or damage to property arising out of customer's use, operation, or possession of the dumpster.
3. Customer is responsible to ensure a dumpster is not prohibited by city or HOA restrictions. Any cancellation after delivery will forfeit refund of any payments and will be subject to an early cancellation fee.

### **Miscellaneous**

1. The dumpster remains the property of Parker Waste Services. Upon completion or termination of service, if the dumpster cannot be recovered, you agree to pay the reasonable replacement fee for the property.
2. The monthly dumpster rate is guaranteed for the first year. After one year of service, the rate will be reviewed periodically and may be adjusted to align with current market conditions. The customer will be notified in advance of any rate adjustment.

**I have read and agree to the terms and conditions listed above for weekly dumpster service with Parker Waste Services.**

\_\_\_\_\_  
Customer Signature

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Customer Name (Print Please)

\_\_\_\_\_  
Company (If Applicable)