



TEXAS DEPARTMENT OF LICENSING AND REGULATION

Licensing Division

P.O. Box 12157 - Austin, Texas 78711 - (512) 463-6599 - (800) 803-9202
Fax (512) 475-2871 - Web site: www.tdlr.texas.gov - E-mail: csboiler@tdlr.texas.gov

09/27/2013

CITY OF SAN ANTONIO SEMMES BRANCH LIBRARY
15060 JUDSON RD
SAN ANTONIO TX 78247-1206

RE: Delinquent Boiler Certificate/Inspection Fees

Dear CITY OF SAN ANTONIO SEMMES BRANCH LIBRARY:

You have not paid the fee for the inspection included.

This is a violation of the Texas Boiler Law, TEX. HEALTH & SAFETY CODE CHAP. 755 and 16 TEX. ADMIN CODE Sec. 65, 80 (a) (1).

The inspection fee must be received within 20 DAYS after receiving this notice. After 20 days, additional penalties and administrative actions may be assessed.

Include a copy of this letter with your payment.

If you have any questions concerning this matter, please contact:
Tarsha Redd at (512) 463-5476 or Customer Service at (800) 722-7843.

Sincerely,

Tarsha Redd
Licensing Manager
Licensing Division – Boiler Program

Mike Arismendez, Chair - Littlefield, Texas

*Tom Butler - Deer Park, Texas
LuAnn Morgan - Midland, Texas
Fred Moses - Plano, Texas*

*Lilian Norman-Keeney - Taylor Lake Village, Texas
Ravi Shah - Carrollton, Texas
Deborah A. Yurco - Austin, Texas*



TEXAS DEPARTMENT OF LICENSING AND REGULATION

Licensing Division

P.O. Box 12157 - Austin, Texas 78711 - (512) 463-6599 - (800) 803-9202

Fax (512) 475-2871 - Web site: www.tdlr.texas.gov - E-mail: csboiler@tdlr.texas.gov

**Invoice
Second Notice**

INVOICE #: 2014001171

INVOICE DATE: 09/27/2013

PAYMENT DUE DATE: 10/27/2013

CITY OF SAN ANTONIO SEMMES BRANCH LIBRARY
15060 JUDSON RD
SAN ANTONIO TX 78247-1206

TX #	EQUIPMENT	FEE	DESCRIPTION	INSPECTION DATE	AMOUNT
N/A		3rd Party Inspection & Certificate Fee	243390	09/27/2013	\$70.00

TOTAL FEE: \$70.00

AMOUNT RECEIVED: \$0.00

BALANCED DUE: \$70.00

Retain this portion for your records



Detach and return with payment

INVOICE #: 2014001171

INVOICE DATE: 09/27/2013

INVOICE AMOUNT: \$70.00

Type card:

Visa Mastercard

Name as it appears on credit card

Credit Card Number: _____

Expiration Date: _____

Billing Address

Telephone Number: _____

Cardholder's Signature: _____

Make check payable to and return this portion with remittance to:

TEXAS DEPARTMENT OF LICENSING AND REGULATION
P.O. Box 12157
Austin, Texas 78711-2157