



# 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](http://www.tdlr.texas.gov) - E-mail: [csboiler@tdlr.texas.gov](mailto:csboiler@tdlr.texas.gov)*

12/08/2015

MEMORIAL MEDICAL RETIREMENT HM  
ACCOUNTS PAYABLE DEPT  
315 LEWIS  
SAN ANTONIO TX 78212

RE: Delinquent Boiler Certificate/Inspection Fees

Dear ACCOUNTS PAYABLE DEPT :

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 Customer Service at (800) 722-7843.

Sincerely,

Licensing Division – Boiler Program

---

*Mike Arismendez, Chair - Littlefield, Texas*

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

*Catherine Rodewald - Frisco, 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](http://www.tdlr.texas.gov) - E-mail: [csboiler@tdlr.texas.gov](mailto:csboiler@tdlr.texas.gov)

**Invoice  
Second Notice**

**INVOICE #:** 10034185

**INVOICE DATE:** 12/08/2015

**PAYMENT DUE DATE:** 01/07/2016

MEMORIAL MEDICAL RETIREMENT HM  
ACCOUNTS PAYABLE DEPT  
315 LEWIS  
SAN ANTONIO TX 78212

TX #	EQUIPMENT	FEE	DESCRIPTION	INSPECTION DATE	AMOUNT
TX178883	Water Tube	Certificate of Operation Fee	Memorial Medical Retirement Home, 307 W Cypress St, San Antonio, TX 78212-5512	11/13/2015	\$70.00
TX178883	Water Tube	Late Renewal Fee 90 days or less	Memorial Medical Retirement Home, 307 W Cypress St, San Antonio, TX 78212-5512	11/13/2015	\$35.00

**TOTAL FEE:** \$105.00

**AMOUNT RECEIVED:** \$0.00

**BALANCED DUE:** \$105.00

Retain this portion for your records



Detach and return with payment

**INVOICE #:** 10034185

**INVOICE DATE:** 12/08/2015

**INVOICE AMOUNT:** \$105.00

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