

NOTICE OF A REGULAR MEETING
OF THE CITY COUNCIL OF THE CITY OF HEMPSTEAD

PLEASE NOTE:

Public comments and matters from the floor are limited to 3 minutes per person. Allotted minutes cannot be transferred to other individuals.

If you would like to request to speak, please do so in advance of the meeting by filling out a Request to Address Council form available upon entrance to the meeting.

Please silence all cell phones and electronic devices.

Notice is hereby given that a Regular Meeting of the City Council of the City of Hempstead will be held on **Tuesday, the 5th day of September A.D., 2023 at 6:00 P.M.** at the **Hempstead City Hall, 1125 Austin Street, Hempstead, Texas**, at which time the following subjects will be considered, to-wit:

1. Call to order and invocation.
2. Pledge of Allegiance.
3. Public Comments.
4. Consideration and action on a Parade Permit for the Hempstead High School Homecoming Parade to be held September 13, 2023.
5. Consideration and action on a Parade Permit for the HCCA for the Festival of Lights to be held December 9, 2023.
6. Consideration and action on a Trail Ride Permit, for Caleb Pete for the PV Homecoming Parade to be held November 5, 2023.
7. Consideration and action on a Chronic Condition and Critical Care Policy applicable to residential customers of City of Hempstead Utilities pursuant to Section 17.005(b) of the Texas Utilities Code.
8. Consideration and action on City of Hempstead's Personnel Travel Policy.
9. Consideration and action on a Resolution of the City Council authorizing the mayor to execute an agreement with Rutledge Property to allow an aerobic system in lieu of the use of City utilities under specific conditions.
10. Presentations.
 - A. Mayor's Reports-
 - a. Next City Council Agenda we will have Dan Jackson from Willdan do a presentation on a Rate Study and Financial Forecast.
 - b. Next City Council Agenda we will have also the Utility Audit Findings.
 - B. Councilmember's Report-
 - a. Lonnie Garfield- Update on Hempstead ISD Long Range Facility Planning Committee.
 - b. Karon Neal- A huge thank you to the Street Department for the afterhours and hard work they have been putting in.
 - c. Mildred Jefferson- Judge Stafford, we are all wishing you well on your retirement, now that you have worked so hard and so long its your time to enjoy the fruits that has come from all of your labor; God bless you and enjoy your retirement.

d. Nora Hodges- September is Commute Solutions Month. H-GAC features Four Commute Solutions Partner Programs.

Thank you to the Prairie View Volunteer Fire Fighting Associate for the “Unsung Hero Award” presented to me at their Annual Banquet on August 26, 2023 at Prairie View A & M University.

CLOSED SESSION

Council will convene in closed session pursuant to Section 551.071 of the Texas Government Code for consultation with its attorney and Section 551.074 of the Government Code to deliberate the appointment of a public officer or employee (Municipal Court Judge).

The City Council of the City of Hempstead reserves the right to adjourn into executive session at any time during the course of this meeting to discuss any of the matters listed below authorized by Texas Government Code, Sections 551.071 (Consultation with Attorney), 551.072 (Deliberations about Real Property), 551.073 (Deliberations about Gifts and Donations), 551.074 (Personnel Matters), 551.076 (Deliberations about Security Devices), 551.087 (Economic Development), and 551.086 (Certain Public Power Utilities: Competitive Matters). Council may act in Open Session on any item listed for Executive Session.

OPEN SESSION

11. Consideration and action on appointing Morris L. Overstreet as Municipal Court Judge.
12. Adjourn City Council Meeting.

Dated this the 1st day of September, A.D., 2023.

By: 

Sabrina Alvarez, City Secretary

I, the undersigned authority, do hereby certify that the above Notice of a Regular Meeting of the governing body of the City of Hempstead is a true and correct copy of said Notice, and that a true and correct copy of said Notice was posted on the City Hall bulletin board and entrances to City Hall, in the City Hall of said City of Hempstead, Texas, a place convenient and readily accessible to the general public at all times, and that said Notice was posted on September 1, 2023 at 2:30 P.M. and remained so posted continuously for at least 72 hours preceding the scheduled time of said meeting.

Dated this the 1st day of September, A.D., 2023.

By: 

Sabrina Alvarez, City Secretary

PUBLIC PARTICIPATION BY TELEPHONE

The City of Hempstead City Council **may** conduct the meeting scheduled at **6:00 P.M. on Tuesday the 5th day of September 2023 at the Hempstead City Hall, 1125 Austin Street, Hempstead, Texas.** The public will be permitted to offer public comments telephonically as provided by the agenda and as permitted by the presiding officer during the meeting. A recording of the telephonic meeting will be made and will be available to the public upon written request.

The toll-free dial-in number to participate in the meeting telephonically is:

1-346-248-7799; Access Code 989-478-2100

IF CITY COUNCIL MEMBERS ARE GOING TO APPEAR BY VIDEOCONFERENCE A QUORUM OF COUNCILMEMBERS MUST BE PRESENT AT THE LOCATION.

NOTICE OF MEETING BY VIDEO CONFERENCE

The City of Hempstead City Council **may** conduct the meeting scheduled at **6:00 P.M. on Tuesday the 5th day of September 2023 at the Hempstead City Hall, 1125 Austin Street, Hempstead, Texas** by videoconference in addition to allowing in person attendance. A quorum of the City Council will be physically present at the Hempstead City Hall, 1125 Austin Street, Hempstead. The public may participate in the City Council Meeting by using the following information:

1-346-248-7799, Access Code 989-478-2100

CITY OF HEMPSTEAD



PARADE, MOTORCADE, and RUN (EVENT) PERMIT

Date of Application Submittal: 8/23/23
ORGANIZATION NAME: Hempstead High School
ADDRESS: 801 Donahoe Hempstead, TX 77445
PHONE: (979) 820-3331

Contact Information

(This information will be used as the direct contact for coordination, communication, and full application and permit process of the event.)

Organization Contact Name: Lakesha Morgan
Title: Principal
E-mail Address: morganl@hempsteadisd.org
Phone Number: (979) 203-7031

Event Information

(Should this information significantly change after submittal of this application, you are obligated to communicate the changes with the Office of the City Secretary. The Office of the City Secretary will determine if a new application needs to be submitted.)

Please select the type of event:

- ☒ Parade
☐ Motorcade
☐ Run/Walk
☐ Trail Ride

Event Name/Title: Homecoming Parade

If the Event has been held before in Hempstead, please list the date(s) of the previous Event(s): September 21, 2022

Number of Persons Participating (please be as specific as possible; for example, "100 race participants, 50 race volunteers, 10 vendor tents with anticipated 15 vendor persons"):

About 200-300 participants
staff and community members

Requested Date(s) of Event: September 13, 2023

Requested Start and Finish Time of Event: 5:00 pm - 8:00 pm

5:00 (line up) 6:00- Parade Begins
Description of Requested Route (Please include as much detail as possible including the start point and the end point and the portion of the street to be traversed):

Same route as last year.

Description of Other Areas of Assembly Needed for Event (This does not include spectators, but does include locations of vendors, or assembly areas before the start and after the finish, etc.): Bobcat stadium, in front of Hempstead High School (road)

If Motorcade or Parade, Interval of Space to be Maintained Between Units:

Additional Information for Council's Consideration:

Fee Payment

(To be completed by City Staff)

Fee due at time of submittal of application: \$100.00

Fee Amount Paid: 100.00

Date of Payment: 8/28/23

Date of Hearing

(To be completed by City Staff)

Date of Hearing/Consideration at Council Meeting: 9/5/23

Applicant Acknowledgment

I, Lakesha Morgan, the representative submitting this Event application, understand that, pursuant to the City Parade Ordinance, I am required to submit this application and the associated fee not less than sixty (60) days before the date on which the Event shall occur. I understand that Council may still consider my application within the sixty (60) days leading up to my Event if good cause is shown by me. I understand that the application fee is non-refundable and will be used for the purpose of defraying the City's expenses in regulating and inspecting the event and cleaning any public facilities used by the Event.

I further understand that I am required to show proof of insurance, with the City, its employees, officers, and officials added as an additional insured, in the amounts required by the Parade Ordinance. I understand that Council will not hear my application and request for permit unless and until proof of such insurance is submitted to the Office of the City Secretary. The certification of insurance shall include a statement the effect of:

"The comprehensive general liability policy listed above includes coverage of designated premises and coverage for contractual liability in compliance with the provisions of article 11.05 of the City Code of Hempstead, Texas, for a parade to be held on the 13th day of September, 2023."

I understand that City Council or City Staff are authorized to modify the route, time, and manner of the Event as may be deemed necessary to protect the safety and welfare of the public, including preservation of access to public buildings and maintenance of vehicular and pedestrian traffic flow.

By my signature below, I understand and have read all of the above information and have filled out this Application to the best of my ability and I understand that if any significant changes are made to the Event information, it is my duty to update

the Office of the City Secretary immediately and if I do not, my Permit may be
revoked or amended.

Jakeshas. Momy
Applicant Signature

8/23/23
Date

(For completion by City Staff)

Date of Receipt of Application: 8/23/23

Name of City Staff Recipient: Sabrina Alvarez

Communication to Applicant concerning Council Hearing on Permit Application:



TEXAS RISK POOL CERTIFICATE OF LIABILITY COVERAGE

DATE (MM/DD/YYYY)
8.29.2023

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE RISK POOL BELOW. THIS CERTIFICATE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING RISK POOL, AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL COVERED ENTITY / PERSON, the policy(ies) must have ADDITIONAL COVERED ENTITY / PERSON provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the coverage, certain terms of coverage may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Tom Linklater / Kim Melton North American Solutions 12300 Dundee Court, Suite 112 Cypress, TX 77429	CONTACT NAME: Tom Linklater / Kim Melton	
	PHONE (A/C, No, Ext): 281-373-9339	FAX (A/C, No):
	E-MAIL linklater@nasrisk.com	
	PRODUCER CUSTOMER ID: 181-908	
RISK POOL AFFORDING COVERAGE		
COVERED ENTITY / PERSON Hempstead ISD 524 Austin Street Hempstead, TX 77445	RISK POOL A: Property Casualty Alliance of Texas (PCAT)	
	RISK POOL B:	
	RISK POOL C:	

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER

THIS IS TO CERTIFY THAT THE COVERAGES LISTED BELOW HAVE BEEN ISSUED TO THE COVERED ENTITY / PERSON NAMED ABOVE FOR THE COVERAGE PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE COVERAGE DOCUMENTS DESCRIBED HEREIN ARE SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH COVERAGE DOCUMENTS. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF COVERAGE	ADDL INSD	SUBR WVD	EFFECTIVE DATE (MM/DD/YYYY)	EXPIRATION DATE (MM/DD/YYYY)	LIMITS	
A	GENERAL LIABILITY			9.1.2023	9.1.2024	EACH OCCURRENCE	\$1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$500,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR					MED EXP (Any one person)	\$0-
						PERSONAL & ADV INJURY	\$1,000,000
					GENERAL AGGREGATE	\$1,000,000	
					PRODUCTS - COMP/OP AGG	\$1,000,000	
					EMPLOYEE BENEFITS LIAB	\$	
	GEN'L AGGREGATE LIMIT APPLIES PER:					\$	
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						
A	AUTOMOBILE LIABILITY			9.1.2023	9.1.2024	COMBINED SINGLE LIMIT (Ea accident)	\$
	<input type="checkbox"/> ANY AUTO					BODILY INJURY (Per person)	\$100,000
	<input checked="" type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per accident)	\$300,000
	<input type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident)	\$100,000
						\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	N / A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>	
						E.L. EACH ACCIDENT	\$
						E.L. DISEASE - EA EMPLOYEE	\$
						E.L. DISEASE - POLICY LIMIT	\$
A	Auto Physical Damage - Actual Cash Value			9.1.2023	9.1.2024	\$1,000 Comp Deductible	\$
						\$1,000 Collision Deductible	\$
							\$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

For informational purposes only as respects Hempstead ISD parade beginning at High School and ending at gazebo.

CERTIFICATE HOLDER

CANCELLATION

City of Hempstead
Attention: Sabrina Alvarez
1125 Austin Street
Hempstead, TX 77445

SHOULD ANY OF THE ABOVE DESCRIBED COVERAGES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE PROVISIONS IN THE COVERAGE DOCUMENTS.

PCAT Certificate Guidelines

Property Casualty Alliance of Texas (PCAT) is a risk sharing cooperative formed by Texas Public Entities pursuant to the Interlocal Cooperation Act, Chapter 791, Title 7 of the Texas Government Code. PCAT is not an insurance company.

Texas Public Entities occasionally get requests from non-governmental entities to issue Certificates of **Insurance** and to be named as '**Additional Insured**.' Since PCAT is not an insurance company, we will issue a Certificate of **Coverage** rather than a Certificate of **Insurance**.

Because the School is immune from all tort actions, except those arising from the use of a motor vehicle, most indemnification clauses have the School assuming an obligation to pay claims that could not be made against it. Texas law is clear that the School cannot contractually assume liability for another entity that exceeds the liability that the School would have in the same situation, because to immunize a non-public entity is a gift of public funds and is prohibited by the Texas Constitution. For this reason, we are unable to name anyone as an **Additional Insured**.

In addition to the above, as a public entity in the State of Texas, schools are prohibited from indemnifying a private entity. The following language should be considered as an insert to all third party agreements in lieu of standard hold harmless agreements:

"[School] is an independent school district organized pursuant to Section 11.011 of the Education Code and as such, is immune from tort actions, except those arising from the use of a motor vehicle in accordance with Section 101.051 of the Texas Civil Practices and Remedies Code.

Nothing in the Agreement is or shall be interpreted to require [School] to indemnify [Private Entity] or to constitute a waiver of that immunity."

While it does not provide an explanation, another way of handling this is to include the following language in all contracts:

"...to the extent permitted by the Constitution and laws of the State of Texas"

Contact your Agent if there are any questions on the above.

Nothing stated herein is a legal opinion.

The School should consult their legal counsel prior to execution of any third party contracts.

CITY OF HEMPSTEAD



PARADE, MOTORCADE, and RUN (EVENT) PERMIT

Date of Application Submittal: Aug. 28, 2023

ORGANIZATION NAME: Hempstead Commerce + Civic Assoc.

ADDRESS: P.O. Box 16, Hempstead, Texas 77445

PHONE: 979-710-3378

Contact Information

(This information will be used as the direct contact for coordination, communication, and full application and permit process of the event.)

Organization Contact Name: Cheryl Hardwick

Title: President

E-mail Address: cherylanncarter1974@gmail.com

Phone Number: 713-560-0446

Event Information

(Should this information significantly change after submittal of this application, you are obligated to communicate the changes with the Office of the City Secretary. The Office of the City Secretary will determine if a new application needs to be submitted.)

Please select the type of event:

☒ Parade

☐ Motorcade

☐ Run/Walk

☐ Trail Ride

Event Name/Title: Festival of Lights

If the Event has been held before in Hempstead, please list the date(s) of the previous Event(s): Dec. 10, 2022, Dec. 11, 2021

Number of Persons Participating (please be as specific as possible; for example, "100 race participants, 50 race volunteers, 10 vendor tents with anticipated 15 vendor persons"):

About 100 total for the parade
Including the HHS Band, parade entries
and volunteers.

Requested Date(s) of Event: Saturday, December 9, 2023

Requested Start and Finish Time of Event: Parade line up 5:30 PM.
The Parade Should End at 6:30 PM.

Description of Requested Route (Please include as much detail as possible including the start point and the end point and the portion of the street to be traversed):

San Antonio Street to FM 1887 to downtown,
take a left on Bremond Street and then
a left on 12th Street and the parade will
end at 12th and main Street.

Description of Other Areas of Assembly Needed for Event (This does not include spectators, but does include locations of vendors, or assembly areas before the start and after the finish, etc.):

Hempstead High School Parking Lot
as well as 9th Street and San Antonio
Street.

If Motorcade or Parade, Interval of Space to be Maintained Between Units:

1 to 3 cars spacing

Additional Information for Council's Consideration:

The HCCA will also be reserving
the gazebo for vendors and for
a Festival of Lights Program

Fee Payment

(To be completed by City Staff)

Fee due at time of submittal of application: \$100.00

Fee Amount Paid: 100.00 Date of Payment: 8/28/23

Date of Hearing

(To be completed by City Staff)

Date of Hearing/Consideration at Council Meeting: 9/3/23

Applicant Acknowledgment

I, Cheryl Hardwick, Pres., the representative submitting this Event application, understand that, pursuant to the City Parade Ordinance, I am required to submit this application and the associated fee not less than sixty (60) days before the date on which the Event shall occur. I understand that Council may still consider my application within the sixty (60) days leading up to my Event if good cause is shown by me. I understand that the application fee is non-refundable and will be used for the purpose of defraying the City's expenses in regulating and inspecting the event and cleaning any public facilities used by the Event.

I further understand that I am required to show proof of insurance, with the City, its employees, officers, and officials added as an additional insured, in the amounts required by the Parade Ordinance. I understand that Council will not hear my application and request for permit unless and until proof of such insurance is submitted to the Office of the City Secretary. The certification of insurance shall include a statement the effect of:

"The comprehensive general liability policy listed above includes coverage of designated premises and coverage for contractual liability in compliance with the provisions of article 11.05 of the City Code of Hempstead, Texas, for a parade to be held on the 9th day of December, 2023"

I understand that City Council or City Staff are authorized to modify the route, time, and manner of the Event as may be deemed necessary to protect the safety and welfare of the public, including preservation of access to public buildings and maintenance of vehicular and pedestrian traffic flow.

By my signature below, I understand and have read all of the above information and have filled out this Application to the best of my ability and I understand that if any significant changes are made to the Event information, it is my duty to update

the Office of the City Secretary immediately and if I do not, my Permit may be revoked or amended.

Cheryl Handwick
Applicant Signature

Aug. 28, 2023
Date

(For completion by City Staff)

Date of Receipt of Application: 8/28/23

Name of City Staff Recipient: Sabrina Alvarez

Communication to Applicant concerning Council Hearing on Permit Application:



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
07/05/2023

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must have **ADDITIONAL INSURED** provisions or be endorsed. If **SUBROGATION** IS **WAIVED**, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Edmonds Insurance Agency P.O. Box 949 Waller, TX 77484	CONTACT NAME: Kelly Kasper		
	PHONE (A/C, No, Ext): 281-404-3133 FAX (A/C, No): 713-559-0427		
	E-MAIL ADDRESS: kkasper@edmondsins.com		
INSURED City of Hempstead Texas Commerce and Civic Association 733 12 Street Hempstead, TX 77445	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: WESTERN WORLD INS CO INC		13196
	INSURER B:		
	INSURER C:		
	INSURER D:		
	INSURER E:		
	INSURER F:		

COVERAGES**CERTIFICATE NUMBER:****REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y		NPP8817574	07/21/2022	07/21/2023	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Certificate holder is named as an additional insured

CERTIFICATE HOLDER**CANCELLATION**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Kelly Kasper

CITY OF HEMPSTEAD



PARADE, MOTORCADE, and RUN (EVENT) PERMIT

Date of Application Submittal:

8/28/23

ORGANIZATION NAME:

PV Homecoming Trailride Inc.

ADDRESS:

1914 Mountshire Dr. Missouri City, Tx 77489

PHONE:

281-743-2305

Contact Information

(This information will be used as the direct contact for coordination, communication, and full application and permit process of the event.)

Organization Contact Name:

Caleb Pete

Title:

President

E-mail Address:

caleb pt3@aol.com

Phone Number:

281-743-2305

Event Information

(Should this information significantly change after submittal of this application, you are obligated to communicate the changes with the Office of the City Secretary. The Office of the City Secretary will determine if a new application needs to be submitted.)

Please select the type of event:

☐ Parade

☐ Motorcade

☐ Run/Walk

☒ Trail Ride

Event Name/Title: PV Homecoming Trailride

If the Event has been held before in Hempstead, please list the date(s) of the previous Event(s): 10/31/2021

Number of Persons Participating (please be as specific as possible; for example, "100 race participants, 50 race volunteers, 10 vendor tents with anticipated 15 vendor persons"):

300 Trailride participants, 2500 people total for entire day,
14 vendors slots, 28 vendor workers

Requested Date(s) of Event: 11/5/2023

Requested Start and Finish Time of Event: 8am - 12:00 Am

Description of Requested Route (Please include as much detail as possible including the start point and the end point and the portion of the street to be traversed):

We will start at the Waller County Fairgrounds and cut towards
Fairground Rd, turn left on Old Houston Hwy, left on Cemetery Rd
Right on 3rd St and Rest at the High school parking lot. We
will come back the same route

Description of Other Areas of Assembly Needed for Event (This does not include spectators, but does include locations of vendors, or assembly areas before the start and after the finish, etc.):

Our rest point for the trail ride will be at the high
school parking lot. We will have only be in the parking lot for
45 minutes and head back to the Fairgrounds.

If Motorcade or Parade, Interval of Space to be Maintained Between Units:

Additional Information for Council's Consideration:

We will have security guards patting down everyone as they
enter the property and the Police Officers will be provided
by Chief Flynn

Fee Payment

(To be completed by City Staff)

Fee due at time of submittal of application: \$100.00

Fee Amount Paid: 100⁰⁰ Date of Payment: 8/29/23

Date of Hearing
(To be completed by City Staff)

Date of Hearing/Consideration at Council Meeting: 9/5/2023

Applicant Acknowledgment

I, Caleb Pete, the representative submitting this Event application, understand that, pursuant to the City Parade Ordinance, I am required to submit this application and the associated fee not less than sixty (60) days before the date on which the Event shall occur. I understand that Council may still consider my application within the sixty (60) days leading up to my Event if good cause is shown by me. I understand that the application fee is non-refundable and will be used for the purpose of defraying the City's expenses in regulating and inspecting the event and cleaning any public facilities used by the Event.

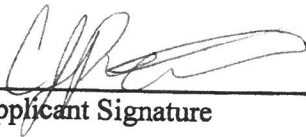
I further understand that I am required to show proof of insurance, with the City, its employees, officers, and officials added as an additional insured, in the amounts required by the Parade Ordinance. I understand that Council will not hear my application and request for permit unless and until proof of such insurance is submitted to the Office of the City Secretary. The certification of insurance shall include a statement the effect of:

"The comprehensive general liability policy listed above includes coverage of designated premises and coverage for contractual liability in compliance with the provisions of article 11.05 of the City Code of Hempstead, Texas, for a parade to be held on the 5th day of November 2023."

I understand that City Council or City Staff are authorized to modify the route, time, and manner of the Event as may be deemed necessary to protect the safety and welfare of the public, including preservation of access to public buildings and maintenance of vehicular and pedestrian traffic flow.

By my signature below, I understand and have read all of the above information and have filled out this Application to the best of my ability and I understand that if any significant changes are made to the Event information, it is my duty to update

the Office of the City Secretary immediately and if I do not, my Permit may be revoked or amended.


Applicant Signature

8/29/23
Date

(For completion by City Staff)

Date of Receipt of Application: 8/29/23

Name of City Staff Recipient: Sabrina Alvarez

Communication to Applicant concerning Council Hearing on Permit Application:



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
08/23/2023

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER
Edmonds Insurance Agency
PO BOX 949
WALLER, TX 77484-0949

CONTACT
NAME:

PHONE
(A/C, No, Ext): (936) 372-9122

FAX
(A/C, No):

E-MAIL
ADDRESS: ahurry@edmondsins.com

INSURER(S) AFFORDING COVERAGE

NAIC #

INSURER A: Great American Insurance Company

16691

INSURED SPORTS AND RECREATION PROVIDERS ASSOCIATION (PURCHASING GROUP) AND ITS PARTICIPATING MEMBERS:

Caleb Pete
3143 CHERRY CREEK DR
MISSOURI CITY, TX 77459-3467

INSURER B:

INSURER C:

INSURER D:

INSURER E:

INSURER F:

COVERAGES

CERTIFICATE NUMBER: GAS120695

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY			PAC 4725034	11/05/2023 12:00 AM	11/07/2023 12:01 AM	EACH OCCURRENCE
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						\$1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)
	<input checked="" type="checkbox"/> HOST LIQUOR LIABILITY INCLUDED						\$300,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						MED EXP (Any one person)
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO- JECT <input type="checkbox"/> LOC						\$0
							PERSONAL & ADV INJURY
	AUTOMOBILE LIABILITY						\$1,000,000
	<input type="checkbox"/> ANY AUTO						GENERAL AGGREGATE
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS					\$2,000,000
	<input type="checkbox"/> HIRED AUTO	<input type="checkbox"/> NON-OWNED AUTOS					PRODUCTS - COMP/OP AGG
							\$2,000,000
	UMBRELLA LIAB	<input type="checkbox"/> OCCUR					COMBINED SINGLE LIMIT (Ea accident)
	EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE					BODILY INJURY (Per person)
	DED	RETENTION \$					BODILY INJURY (Per accident)
A	Professional Liability			PAC 4725034	11/05/2023 12:00 AM	11/07/2023 12:01 AM	PROPERTY DAMAGE (Per accident)
							EACH OCCURRENCE
							AGGREGATE
							EACH OCCURRENCE
							\$1,000,000
							AGGREGATE LIMIT
							\$1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Covered Activities: Zydeco Concert

Scheduled Activities Exclusion Applies-Please Refer to Named Insured Member Certificate of Coverage

CERTIFICATE HOLDER

Proof of Insurance

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Edmonds Insurance Agency



ADDITIONAL INTEREST SCHEDULE

DATE (MM/DD/YYYY)
08/23/2023

AGENCY		CARRIER Great American Insurance Company		NAIC CODE 16691
POLICY NUMBER GAS120695/PAC 4725034	EFFECTIVE DATE 11/05/2023 12:00 AM	NAMED INSURED(S) Caleb Pete		

ADDITIONAL INTEREST (Not all fields apply to all scenarios – provide only the necessary data)

INTEREST	NAME AND ADDRESS	RANK:	EVIDENCE:	CERTIFICATE	POLICY	SEND BILL	INTEREST IN ITEM NUMBER	
<input checked="" type="checkbox"/> ADDITIONAL INSURED	City Of Prairie View 4450 US 290 Business Prairie View, TX 77446						LOCATION:	BUILDING:
<input type="checkbox"/> BEACH OF WARRANTY							VEHICLE:	BOAT:
<input type="checkbox"/> CO-OWNER							AIRPORT:	AIRCRAFT:
<input type="checkbox"/> EMPLOYEE AS LESSOR							ITEM CLASS:	ITEM:
<input type="checkbox"/> LEASEBACK OWNER							ITEM DESCRIPTION	
<input type="checkbox"/> LIENHOLDER	REFERENCE / LOAN #:	INTEREST END DATE:						
	LIEN AMOUNT:	PHONE (A/C, No, Ex):		FAX (A/C, No):				
REASON FOR INTEREST:			E-MAIL ADDRESS:					

The above are added as additional insured but only with respect to liability arising out of operations of the named insured during the policy period.

City of Hempstead, Texas

Chronic Condition or Critical Care Residential Customer Status Policy

Pursuant to Section 17.005(b) of the Texas Utilities Code, residential utility customers of the City of Hempstead, Texas are afforded an opportunity to apply for chronic condition or critical care residential customer status as outlined by the Texas Public Utility Commission of Texas.

IMPORTANT INFORMATION

- **This form will not be processed if incomplete, unreadable, or improperly submitted.** All information is required, unless otherwise indicated.
- **Submission of this application does not automatically result in chronic condition or critical care status.** Notification of the action taken with regard to this form will be provided to the customer at the mailing address provided as soon as reasonably possible, not to exceed 15 business days from the date of submission of a properly submitted application. Notification will include the date the status is obtained and the date the status is set to expire.
- Designation as a chronic condition or critical care residential customer does not relieve a customer of the obligation to pay for electric service, and service may be disconnected for failure to pay.
- **Chronic condition or critical care status does not guarantee an uninterrupted, regular, or continuous power supply. If electricity is a necessity, you must make other arrangements for on-site back-up capabilities or other alternatives in the event of loss of electric service.** This policy does not create a cause of action for residential customers qualifying for such status.
- This qualification requires renewal one (1) year from the date you are qualified. The customer is responsible for renewal. Except as outlined above, the City is not required to notify the customer of pending expiration of the customer's status.
- The information on this form is subject to verification. Additional information may be required from you or your physician.

INSTRUCTIONS

Customer: Complete Part 1 of the Application and provide to patient's physician for completion. **This application will not be processed unless submitted by the physician to the City of Hempstead, Texas Utility Department.**

Physician: After completing Part 2 of the following page, please forward the Application to the Utility Department:

Email: utilities@hempsteadcitytx.gov

Fax: [979-826-6703](tel:979-826-6703)

APPLICATION for Chronic Condition or Critical Care Residential Customer Status

All information is required.

PART 1 – TO BE COMPLETED BY THE CUSTOMER

Customer Name (person's name on electric account)			
Service Address (found on your electric bill)		City, State ZIP	
Mailing Address (if different than Service Address)		City, State ZIP	
Primary Phone Number		Other Phone Number (if any)	
Secondary Contact Name (Person you are designating to be contacted about your electric service.)			
Primary Phone Number		Other Phone Number (if any)	

I have read and understood the preceding information and certify that the information provided in this form is correct. I understand the information may also be used to determine whether I am eligible for additional notices and other protections relating to my electric service and may be used to provide notices relating to my electric service to the person listed as the secondary contact.

Customer Signature

Date

Patient's Name

(Person, residing permanently at the above Service Address, for whom critical care or chronic condition status is being sought).

I have read and understood the preceding information and certify that the information provided in this form about me (or the patient) is correct. I consent to the release of the information in this form concerning my (or the patient's) medical condition for the purposes stated in this form and in processing this form.

Patient/ Patient's Guardian, Parent, or Managing Conservator

Signature

Date

PART 2 – TO BE COMPLETED BY THE PATIENT'S PHYSICIAN

PART 2A	YES	NO
Is the patient dependent upon an electric-powered medical device <u>to sustain life</u> ?		
Does the patient have a serious medical condition that requires an electric-powered medical device or electric heating or cooling to prevent impairment of a major life function through a significant deterioration or exacerbation of the person's medical condition?		
Does the patient require on-site back-up capabilities or other alternatives for loss of normal electrical service?		
How long can the patient sustain without electrical service? (number of hours)		
Type of Electric, Life Sustaining Equipment Used:		

PART 2B

Physician Name (printed)		Texas Medical Board License Number	
Telephone Number		Fax Number	
Physician Signature		Date	



City of Hempstead

1125 Austin Street, Hempstead, Texas 77445

Phone No. (979) 826-2486

TRAVEL AND EXPENSE REIMBURSEMENT (DIRECTORS AND EMPLOYEES)

The policy of the City is that employees are to be reimbursed, within budgetary limitations, for necessary and reasonable job-related expenses incurred in the authorized conduct of City business, including business-related travel.

Traveling employees must make every reasonable effort to minimize travel costs. The following rules govern travel expense reimbursement:

a. The department director must authorize the travel in advance. The Managing Director of Operations must authorize travel for department directors in advance. Travel must be in the best interest of the City. Examples include but are not limited to:

1. Training purposes
2. Attending meetings/ conferences

City vehicles are not to be taken or used outside of the City limits except for City business, with the Director's approval, or for emergencies.

TRANSPORTATION

The most efficient and economical mode of travel must be used.

Air travel arrangements are to be made by each department. Air travel must be booked at the most discounted fare basis whenever possible.

When authorized, an employee using a personal vehicle on City business shall be paid an amount per mile equivalent to the current rate specified by the Internal Revenue Service to its employees or shall be paid the equivalent of a coach airline fare, whichever results in the lower cost to the City.

In instances of approved private vehicle use, reimbursement will also be made for mileage, tolls and parking fees. Itemized, original receipts are required for toll and parking fees as well as for taxi cabs, limos, and other modes of transportation. The City will pay for rental vehicles upon written approval of the Managing Director of Operations.

Travel Approval and Cash Advances. All travel and cash advances must be approved in advance by the employee's Department Director (or designee), unless otherwise stated in this policy. In addition, any travel out of state must be approved by the Managing Director of Operations as stated below.

Lodging. Itemized original receipts for expenses for lodging are to be at the single room rate unless an employee is approved in advance for double occupancy. Extra charges for room service will not be paid by the City. An itemized original hotel receipt must be provided, including an itemization for any room service charges to be paid/ reimbursed by the City.

Meal Allowance. The City shall pay actual necessary food expenses for an employee or City official traveling on City business. Expenses for meals shall be reimbursed at actual cost as



City of Hempstead

1125 Austin Street, Hempstead, Texas 77445

Phone No. (979) 826-2486

supported by original receipts not to exceed amounts set by the U.S. General Services Administration, <https://www.gsa.gov/travel/plan-book/per-diem-rate>, to include the first and last day of travel.

Consistent with all other provisions, meal reimbursement, not to exceed actual expense, is allowed for employees for meals purchased:

- a. While away from the City continuously for five hours or more (to include travel time), and exceeds a distance traveled of 50 or more mile radius, or
- b. When approved overnight lodging is secured.

Meals will not be paid if the travel is completed (depart and return) within the same day and distance travelled is less than 20-mile radius, or if meals are provided by event or lodging accommodations, including continental breakfast.

Reimbursement for meals is subject to the US General Services Administration. See link for breakdown: https://www.gsa.gov/travel/plan-book/per-diem-rates/per-diem-rates-results/?action=perdiems_report&state=TX&fiscal_year=2022&zip=&city=

For purposes of a breakdown:

- a. Breakfast 0000-15.00
- b. Lunch 15.00- 25.00
- c. Dinner 25.00- 35.00

Travel expectations.

Local training: Receive: Paid time for length of training.

Local training multiple days: Receive: Paid time for length of training.

1 day training: Within 50 miles away from station, receives time pay for length of training.

1 day training: Training exceeding 50 miles, receive pay for the length of the training plus travel time. Department head may authorize 1 night hotel before class.

Multiple days of training: Training exceeding 50 miles, receive pay for the length of the training plus travel time. Department head may authorize hotel stay for the length of the class until the night before, check out last day of class.

Vehicle Allowance. Employees receiving a vehicle allowance are ineligible for mileage reimbursement.

Receipts. Requests for reimbursement must be accompanied by original receipts except for;

- a. For parking charges less than \$8.00, and
- b. Mileage, the requests of which must be accompanied by written evidence of the evidence of the mileage traveled, e.g., a Google or Yahoo Maps printout.



City of Hempstead

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Non-Allowable Expenses. Expenses or charges for the following will normally not be reimbursed and must be paid for by the employee:

- a. In-hotel pay television and movies;
- b. Dry cleaning and laundry;
- c. Health club and spas;
- d. Expenses of a non-employee;
- e. Alcoholic beverages;
- f. Personal long distance telephone calls;
- g. Unreasonable tips, includes any amount above 15%; and
- h. Items or purchases of a personal nature.

Requests for Reimbursement and Return of Unexpended Funds. Upon return to the City, an itemized complete accounting of all expenditures of City funds is to be filed within three (3) business days on the appropriate reimbursement form with the City Secretary.

Original receipts for all expenses, including hotel bills and registration fees, must be attached to the form. All unexpended advance funds must be returned with the form within three (3) business days of the employee's return to work.

Authorized expenses in excess of advance funds received will be reimbursed with proper approval.

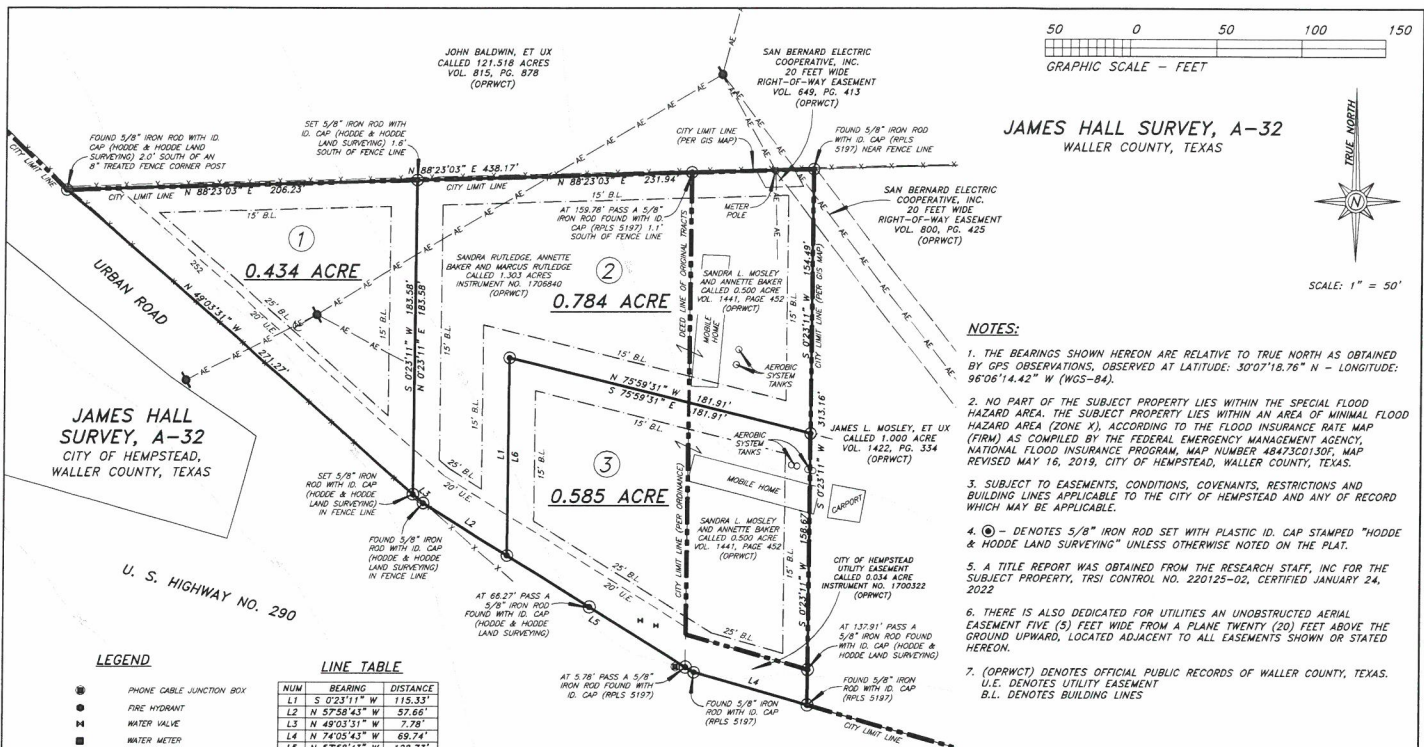
Travel to Training. The current mileage reimbursement rate will be paid to employees who must use their personal vehicles to travel to a training destination farther than their designated work location or other City locations and/or facilities.

Mileage for Most Direct Route. Employees traveling outside Hempstead on City business and who request mileage reimbursement will be reimbursed for the shortest distance traveled to the event from either (a) their home or (b) their primary work site.

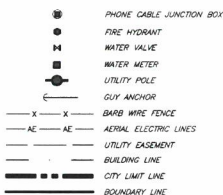
Expenses Not Covered in Policy. The Managing Director of Operations' approval must be obtained prior to any expenditure of funds for items or changes which are not specifically addressed in policy.

All City employees who travel are required to take a copy of the tax exemption form with the tax exemption number for use with all vendors supplying goods and services.

Compliance. Abuse of this policy, including falsifying expense reports or submitting false claims, will result in disciplinary action, up to and including termination of employment.



LEGEND

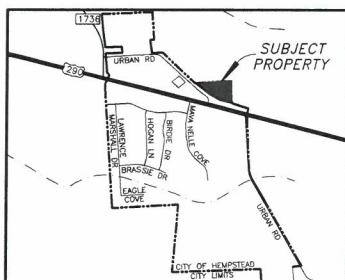


LINE TABLE

NUM	BEARING	DISTANCE
L1	S 0°23'11" W	115.33'
L2	N 57°58'43" W	57.66'
L3	N 49°03'31" W	7.78'
L4	N 74°05'43" W	89.74'
L5	N 57°58'43" W	129.73'
L6	N 0°23'11" E	115.33'

VICINITY MAP

1" = 1000'



SURVEY MAP

SHOWING A SURVEY OF A SUBDIVISION OF 1.803 ACRES OF LAND, LYING AND BEING SITUATED IN WALLER COUNTY, TEXAS, PART OF THE JAMES HALL SURVEY, A-32, BEING PARTLY WITHIN THE CITY LIMITS OF THE CITY OF HEMPSTEAD, BEING THE SAME LAND CALLED 0.500 ACRES IN THE DEED FROM SHIRLEY HALEY, JACQUILINE HILL HENRY, DEBRA HILL LANG AND WILLIAM HILL TO SANDRA L. MOSLEY AND ANNETTE BAKER, FILED FOR RECORD ON OCTOBER 14, 2014, AS RECORDED IN VOLUME 1441, PAGE 452, IN THE OFFICIAL PUBLIC RECORDS OF WALLER COUNTY, TEXAS AND BEING SAME LAND DESCRIBED AS 1.303 ACRES IN THE DEED FROM SHIRLEY HALEY, WILLIAM HILL, JACQUILINE HILL HENRY, DEBRA HILL LANG AND TAMARA ELISE HILL TO SANDRA RUTLEDGE, ANNETTE BAKER AND MARCUS RUTLEDGE, DATED SEPTEMBER 12, 2017, AS RECORDED IN INSTRUMENT NO. 1706840, IN THE OFFICIAL PUBLIC RECORDS OF WALLER COUNTY, TEXAS.

CERTIFICATION

THE STATE OF TEXAS
COUNTY OF WALLER

I, JON E. HODDE, REGISTERED PROFESSIONAL LAND SURVEYOR, NO. 5197 OF THE STATE OF TEXAS, DO HEREBY CERTIFY THAT THIS MAP SHOWING A SURVEY AND SUBDIVISION OF 1.803 ACRES OF LAND IS TRUE AND CORRECT IN ACCORDANCE WITH AN ACTUAL SURVEY MADE ON THE GROUND UNDER MY PERSONAL DIRECTION AND SUPERVISION.

DATED THIS 27TH DAY OF JANUARY, 2022, A.D.

(PRELIMINARY)

JON E. HODDE, RPLS NO. 5197
DATE: MARCH 15, 2023

THE PURPOSE OF THIS DOCUMENT IS FOR PRELIMINARY REVIEW ONLY.
PRELIMINARY. THIS DOCUMENT SHALL NOT BE RECORDED FOR ANY PURPOSE.

(PRELIMINARY)

JON E. HODDE
REGISTERED PROFESSIONAL
LAND SURVEYOR NO. 5197
HODDE & HODDE LAND SURVEYING, INC.
613 EAST BLUE BELL ROAD
BRENNHAM, TEXAS 77833
(979)-836-5681
TBP&LS SURVEY FIRM REG. NO. 10018800

OWNER DEDICATION

THE STATE OF TEXAS
COUNTY OF WALLER

WE, SANDRA RUTLEDGE, ANNETTE BAKER AND MARCUS RUTLEDGE, OWNERS OF THE PROPERTY SUBDIVIDED IN THE ABOVE AND FOREGOING MAP OF RUTLEDGE SUBDIVISION, DO HEREBY MAKE SUBDIVISION OF SAID PROPERTY, ACCORDING TO THE LINES, STREETS, LOTS, ALLEYS, PARKS, BUILDING LINES, AND EASEMENTS THEREIN SHOWN, AND DESIGNATE SAID SUBDIVISION AS RUTLEDGE SUBDIVISION, SITUATED IN THE JAMES HALL SURVEY, A-32, PARTLY IN THE CITY OF HEMPSTEAD, WALLER COUNTY, TEXAS; AND DEDICATE TO PUBLIC USE, AS SUCH, THE STREETS, ALLEYS, PARKS AND EASEMENTS SHOWN THEREON FOREVER; AND DO HEREBY WAIVE ANY CLAIMS FOR DAMAGES OCCASIONED BY THE ESTABLISHING OF GRADES AS APPROVED FOR THE STREETS AND ALLEYS DEDICATED, OR OCCASIONED BY THE ALTERATION OF THE SURFACE OF ANY PORTION OF STREETS OR ALLEYS TO CONFORM TO SUCH GRADES, AND DO HEREBY BIND OURSELVES, OUR SUCH HEIRS AND ASSIGNS TO WARRANT AND FOREVER DEFEND THE TITLE TO THE LAND SO DEDICATED. THERE IS ALSO DEDICATED FOR UTILITIES AN UNOBSTRUCTED AERIAL EASEMENT FIVE (5) FEET WIDE FROM A PLANE TWENTY (20) FEET ABOVE THE GROUND UPWARD, LOCATED ADJACENT TO ALL EASEMENTS SHOWN HEREON.

WITNESS OUR HAND IN _____ COUNTY, TEXAS,
THIS _____ DAY OF _____, 2022.

SANDRA RUTLEDGE

ANNETTE BAKER

MARCUS RUTLEDGE

NOTARY PUBLIC ACKNOWLEDGMENT

THE STATE OF TEXAS
COUNTY OF _____

THIS INSTRUMENT WAS ACKNOWLEDGED BEFORE ME ON THE _____ DAY OF _____, 2022, BY _____

NOTARY PUBLIC, STATE OF TEXAS
NOTARYS COMMISSION EXPIRES: _____

Can't extend the 20' U.E. on this side because the City already have a U.E. per Instrument No. 1700322

CITY COUNCIL CERTIFICATION

THIS IS TO CERTIFY THAT THE CITY COUNCIL OF THE CITY OF HEMPSTEAD, TEXAS, HAS APPROVED THE RUTLEDGE SUBDIVISION AS SHOWN HEREIN. IN TESTIMONY WHEREOF, IN WITNESS THE OFFICIAL SIGNATURES OF THE MAYOR, CITY COUNCIL AND CITY SECRETARY OF THE CITY OF HEMPSTEAD, TEXAS, THIS THE _____ DAY OF _____, 2022.

ERICA GILLUM
MAYOR

LONNIE GARFIELD
MAYOR PRO-TEM
COUNCILMEMBER

MILDRED JEFFERSON
COUNCILMEMBER

CINDY PEARCE
COUNCILMEMBER

RAUL VILLARREAL
COUNCILMEMBER

CHASE MURRAY
COUNCILMEMBER

SABRINA ALVAREZ
CITY SECRETARY

NOTARY PUBLIC ACKNOWLEDGMENT

THE STATE OF TEXAS
COUNTY OF _____

THIS INSTRUMENT WAS ACKNOWLEDGED BEFORE ME ON THE _____ DAY OF _____, 2022, BY _____

NOTARY PUBLIC, STATE OF TEXAS
NOTARYS COMMISSION EXPIRES: _____

COUNTY CLERK FILING ACKNOWLEDGMENT STATEMENT

THE STATE OF TEXAS
COUNTY OF WALLER

I, DEBBIE HOLLAN, CLERK OF THE COUNTY COURT OF WALLER COUNTY, TEXAS, DO HEREBY CERTIFY THAT THE WITHIN INSTRUMENT WITH ITS CERTIFICATE OF AUTHENTICATION WAS FILED FOR REGISTRATION IN MY OFFICE ON THE _____ DAY OF _____, 2022, AT _____ O'CLOCK, _____ M., IN INSTRUMENT NO. _____ OF THE OFFICIAL PUBLIC RECORDS FOR SAID COUNTY. WITNESS MY HAND AND SEAL OF OFFICE, AT HEMPSTEAD, WALLER COUNTY, TEXAS, THE DAY AND DATE LAST ABOVE WRITTEN.

CLERK, COUNTY COURT
WALLER COUNTY, TEXAS

OWNER/DEVELOPER

SANDRA RUTLEDGE
57958 HWY 290
HEMPSTEAD, TEXAS 77445
PHONE (979)-921-9913

**SHEET 1
OF 1**