

**PARK BOARD OF TRUSTEES OF THE CITY OF GALVESTON  
EXTREME INUNDATION PROGRAM**



**Checklist and Application**

To be considered responsive, the service provider registration application packet must include the following items.

Please initial each item below to ensure each has been completed and included.

- A completed application, on form provided.
- A map showing geographic area with GPS (lat/long) coordinates.
- Resolution from Board in Agreement showing:
  - Willingness to comply and accept all guidelines established by Extreme Inundation Contingency Plan
  - Identifying person with authority to execute the agreement
  - Identification of two points of contacts
  - Private property concerns regarding placement of seaweed should be identified during registration process
- Provide a copy of a valid Beach and Dune permit to conduct beach maintenance activities from the City of Galveston. If permit expires mid-season a new permit will need to be provided before expiration of existing permit.
- Required retainer payment of \$5,000 or \$10,000 as outlined in program overview sheet. A \$250 administrative fee will be deducted from the initial retainer. If in the event no services are required to be deployed all remaining balances can be refunded or rolled over to future agreements if both sides agree to do so.

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**Please submit the completed registration application packet to:**  
 Park Board of Trustees of the City of Galveston Administrative Offices  
 601 Tremont Street, Suite 200  
 Galveston, Texas 77550  
 Phone Number: (409) 797-5107

**1. Please complete as indicated:**

HOA/POA Name	Authorized Representative	Email	Phone

**2**

**Address where official correspondence is to be mailed:** \_\_\_\_\_

**3. Two point of contacts (POC) to act as representatives for the Community:**

*NOTE – Community understands and agrees that all communications with the Park Board must be done through their identified POC's. It the POC's changes, the Community must notify the Park Board POC in writing of the change.*

Name	Street Address	Phone Number	Email

**4. Please provide the specific location (including eastern and western limit GPS coordinates) for the specific geographic area you are services for. (Please Print Clearly & Provide a Map)**

**Western Service Area Boundary GPS (lat/long):** \_\_\_\_\_

**Eastern Service Area Boundary GPS (lat/long):** \_\_\_\_\_

**Measured Length of Service Area Beach Frontage (In Linear Feet):** \_\_\_\_\_

**5. Has the association or board identified an area for PB to store eqpt to assist with the speedy deployment of resources: \_\_\_\_\_ Yes \_\_\_\_\_ No**

If so, please provide location: \_\_\_\_\_

**6. Date of expiration of City of Galveston Beach and Dune permit to conduct beach maintenance: \_\_\_\_\_**