

ANNUAL REPORT
BRAZORIA COUNTY
ECONOMIC DEVELOPMENT AGREEMENT

RE: ECONOMIC DEVELOPMENT AGREEMENT

_____ (Company/Owner Name)

1. Commencement and/or completion date of the contemplated improvements

Date of commencement of construction: _____

Date of completion all contemplated improvements: _____

Date of commercial operations (if applicable): _____

2. Number of permanent employees currently employed by you at the facility location or construction site as of the date of this Report.

Permanent Employees: _____

Construction Employees: _____

Additional Employment Information: _____

3. Percentage of construction completed and Owner's estimate of Development Costs on the date of the Report.

Percentage of construction completed: _____

Estimate of Development Costs: _____

4. Status of commercial operations of the completed facility. (*only applicable to a completed facility that has reached commercial operations*)

Is the facility currently in commercial operations? **Check One**
() Yes or () No

If the answer to the above question is "No",
please state the date or time period when generation ceased
and attach a narrative explanation. _____

If this facility is not currently generating,
please state the expected date or time period, if any,
at which/during which you expect the facility to resume generation.
If you do not expect to resume generation at this
facility, please state "facility closed" in the blank space. _____

State your estimate of the expected productive
life of the facility and its improvements as _____

measured from the commercial operations date until the expected permanent cessation of generation (*or in other words*, the total number of years, if any, that you expect the facility improvements to be in service)

5. Include a list of Brazoria County vendors and services that you have used during the report year.
6. Include schedule detailing eligible property tax revenues and a copy of all property tax receipts for the Project.
7. Include evidence of annual payment to the Economic Development Fund.
8. Include evidence of charitable contributions (if applicable).

To the best of my knowledge, the above information and estimates are true and correct.

Owner: _____

By: _____

Printed Name: _____

Title/Position _____

Date: _____