Texas Comptroller's Annual Local Debt Report

Fill in the cells in column B that correspond with the requested inf

Entity Information
Political Subdivision Name*:
Political Subdivision Type*:
If "other", please specify
Reporting Fiscal Year*:
Fiscal Year Start (DD/MM/YYYY)*:
Fiscal Year End (auto):
Political Subdivision Website, if applicable:
Political Subdivision Telephone*:
Political Subdivision Email, if applicable:
Does the Political Subdivision have any reportable debt?*

Contact Information
Contact Name*:
Contact Title*:
Contact Phone*:
Contact Email:
Physical Address, Line 1*:
Physical Address, Line 2:
City*:
Zip*:
County*:
Is the entity's physical and mailing address the same?*
Mailing Address, Line 1:
Mailing Address, Line 2:
Mailing City:
Mailing Zip:
Mailing County:

End of Worksheet

formation. (*) indicates required information.

City of Port Lavaca, Texas City 2018 10/1/2017 9/30/2018 https://portlavaca.org/ 361-552-9793 Yes

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Calhoun	
Yes	