

**2020 Achievement of Library Excellence Award**

**Part I – Contact Information**

**Name of Library:** Bay City Public Library  
 (Name *exactly* as it will appear on the plaque)

A formal announcement of the award will be mailed to the official named in #1.

**1. To Whom (Mayor, Board Chair, City Manager, etc.) should the formal announcement of the Achievement of Library Excellence Award be mailed?**

Name: Robert K. Nelson

Title: Mayor

Address: 1901 5th Street

City: Bay City State Texas Zip Code 77414

A formal announcement of the award *and the plaque* will be mailed to the Library Director or person listed in #2.

**2. Library Director**

Name: Samantha Denbow

Title: Library Director

Phone Number: 979-245-6931 Email Address: sdenbow@cityofbaycity.org

Address: 1100 7th Street

City: Bay City State Texas Zip Code 77414

Library TexPress Address: \_\_\_\_\_

**3. Person submitting the application (if not the person listed in #2):**

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

**Must check one from each column:**

Select submission type	Payment Amount	Payment Type
Dropbox/Google Docs	<input checked="" type="checkbox"/> \$70 member <input type="checkbox"/> \$150 nonmember	<input type="checkbox"/> Check mailed separately <input checked="" type="checkbox"/> Copy of CC Online receipt attached
Library Website	<input type="checkbox"/> \$70 member <input type="checkbox"/> \$150 nonmember	<input type="checkbox"/> Check mailed separately <input type="checkbox"/> Copy of CC Online receipt attached
Flash Drive	<input type="checkbox"/> \$70 member <input type="checkbox"/> \$150 nonmember	<input type="checkbox"/> Check mailed separately <input type="checkbox"/> Copy of CC Online receipt attached
Binder	<input type="checkbox"/> <b>\$82</b> member <input type="checkbox"/> <b>\$162</b> nonmember (includes \$12 handling fee)	<input type="checkbox"/> Check mailed separately <input type="checkbox"/> Copy of CC online receipt attached

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