

ESD Reporting Form - Jan. 1, 2019

Information received from this form will be transmitted to the appropriate state agency in satisfaction of reporting requirements under Chapter 775 of the Health and Safety Code. This form is for the report required for Jan. 1, 2019. If you wish to submit a report for another year, contact SAFE-D at safed@texas.net.

Please familiarize yourself with the form before you begin submitting answers, because there is no mechanism to save the form and return later.

ESD Name (i.e., Buffalo County ESD No. 99) *
Nueces County ESD#6

County or Counties in Which ESD is Located *
Nueces

ESD Business Address *

122 E. Garrett

Street Address

Street Address Line 2

City **Driscoll**

State / Province **Texas**

Postal / Zip Code **78351**

Country **USA**

ESD email *

ncesd6cadena@gmail.com

ESD phone *

361	442-8552
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Area Code Phone Number

ESD website

Type of ESD *

- Fire
 Emergency Medical
Service Both

Annual ESD Budget *

Tax rate (most recently adopted; i.e., \$0.10/\$100) *

Population of ESD

Area (sq. miles) of ESD

Does your ESD collect a sales tax?

Yes

No

If your ESD collects a sales tax, what is the rate of the sales tax? (i.e. 1/2 percent)

Name of Person Completing this Form *

Gavanda Cadena

E-mail *

ncesd6cadena@gmail.com

Phone Number *

361	442-8552
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Area Code Phone Number

Name of ESD President (Commissioner No. 1) *

William	Ordner
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First Name Last Name

E-mail *

ncead6.ordner@aol.com

ncesd6.ordner@aol.com

Term Expires (example: 12/31/16) *

12/31/2022

Name of ESD Vice President (Commissioner No. 2) *

Donny	McNair
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First Name Last Name

E-mail *

donnymcnail@yahoo.com

example@example.com

Term Expires (example: 12/31/16) *

12/31/2021

Name of ESD Secretary (Commissioner No. 3) *

Judy	Felder
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First Name Last Name

E-mail *

jefelder.ncesd6@outlook.com

Term Expires (example: 12/31/16) *

12/31/2022

Name of ESD Treasurer (Commissioner No. 4) *

Susan Cude

First Name Last Name

E-mail *

ncesd6@yahoo.com

example@example.com

Term Expires (example: 12/31/16) *

12/31/2022

Name of ESD Commissioner (Commissioner No. 5) *

Gavanda Cadena

First Name Last Name

E-mail *

ncesd6caden@gmail.com

example@example.com

Term Expires (example: 12/31/16) *

12/31/2021

Name of ESD's legal counsel *

Gerald Benadum

First Name Last Name

Address

PO Box 2586

Street Address

Street Address Line 2

City Corpus Christi

State /Provinc Texas

78403

Country USA

Phone Number

361

881-6078

Area Code Phone Number

E-mail *

glbenadum@att.net

example@example.com

Name of ESD's general manager, executive director or administrator (N/A if none)

First Name

Last Name

E-mail

example@example.com

Name of fire chief or EMS CEO

First Name

Last Name

E-mail

example@example.com

Names of Other Consultant

First Name Last Name

Service provided (i.e. audit)

E-mail

example@example.com

Names of Other Consultant

First Name Last Name

Service provided (i.e. audit)

E-mail

example@example.com

Question or comment for SAFE-D:

NEW: BEFORE you click SUBMIT below, click the PRINT FORM button (below) to print the form for your records.

Submit

Print Form