

ESD Reporting Form - Jan. 1, 2019

Information received from this form will be transmitted to the Texas Division of Emergency Management 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.

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) *

Kaufman County ESD 1

County or Counties in Which ESD is Located *

Kaufman TX

ESD Business Address *

PO Box 702

Street Address

Street Address Line 2

Kaufman

City

Texas TX

State / Province

75142

Postal / Zip Code

United States

Country

ESD email *

esd1secretary@gmail.com

12/20/2018

ESD phone *

214- 534-6123
Area Code Phone Number

ESD website

Type of ESD *

- Fire
- Emergency Medical Service
- Both

Annual ESD Budget *

282,117.16

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

.06/100

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 *

First Name Last Name

E-mail *

Phone Number *

Area Code Phone Number

Name of ESD President (Commissioner No. 1) *

First Name Last Name

E-mail *

Fair F

Term Expires (example: 12/31/19) *

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

12/20/2018

First Name Last Name

E-mail *

Term Expires (example: 12/31/19) *

Name of ESD Secretary (Commissioner No. 3) *

First Name Last Name

E-mail *

Term Expires (example: 12/31/19) *

Name of ESD Treasurer (Commissioner No. 4) *

First Name Last Name

E-mail *

Term Expires (example: 12/31/19) *

12/20/2018

Name of ESD Commissioner (Commissioner No. 5) *

First Name Last Name

E-mail *

Term Expires (example: 12/31/19) *

Name of ESD's legal counsel *

First Name Last Name

Address

Street Address

Street Address Line 2

City State / Province

Postal / Zip Code Country

Phone Number

Area Code Phone Number

12/20/2018

E-mail *

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

<input type="text" value="N/A"/>	<input type="text"/>
First Name	Last Name

E-mail

Name of fire chief or EMS CEO

<input type="text"/>	<input type="text"/>
First Name	Last Name

E-mail

Names of Other Consultant

<input type="text"/>	<input type="text"/>
First Name	Last Name

Service provided (i.e. audit)

E-mail

Names of Other Consultant

First Name

Last Name

Service provided (i.e. audit)

E-mail

Question or comment