

# ESD Reporting Form - Jan. 1, ~~2018~~ 2020

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, ~~2018~~ 2020.

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) \***

Harris County Emergency Services District No. 50

**County or Counties in Which ESD is Located \***

Harris

**ESD Business Address \***

1210 Dell Dale

Street Address

Street Address Line 2

Channelview

City

Texas

State / Province

77530

Postal / Zip Code

United States

Country



**ESD email \***

02305@smithmur.com

**ESD phone \***

281 - 860-0017  
Area Code Phone Number

**ESD website**

**Type of ESD \***

- Fire
- Emergency Medical Service
- Both

**Annual ESD Budget \***

\$9,513,142

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

\$0.50 / \$100 value

**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)**

[Empty box]

**Name of Person Completing this Form \***

Christi Schaeffer  
First Name Last Name

**E-mail \***

cschaeffer@smithmur.com

**Phone Number \***

713 652-6500  
Area Code Phone Number

**Name of ESD President (Commissioner No. 1) \***

Jim Owens  
First Name Last Name

**E-mail \***

jowens@channelviewfire.org

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

5/7/2022

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

Benjamin	Ballew
First Name	Last Name

**E-mail \***

ballew@channelviewfire.com

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

5/2/2020

**Name of ESD Secretary (Commissioner No. 3) \***

Brenda	Biggers
First Name	Last Name

**E-mail \***

bbiggers@channelviewfire.com

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

5/7/2022

**Name of ESD Treasurer (Commissioner No. 4) \***

Eric	Stricklin
First Name	Last Name

**E-mail \***

estricklin@channelviewfire.com

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

5/2/2020



**E-mail \***

ssmith@smithmur.com

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

First Name

Last Name

**E-mail**

ex: myname@example.com

**Name of fire chief or EMS CEO**

First Name

Last Name

**E-mail**

**Names of Other Consultant**

First Name

Last Name

**Service provided (i.e. audit)**

**E-mail**

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\_\_\_\_\_

**Names of Other Consultant**

First Name	Last Name

**Service provided (i.e. audit)**

\_\_\_\_\_  
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**E-mail**

\_\_\_\_\_  
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**Question or comment**

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