

# ESD Reporting Form - Jan. 1, ~~2019~~ 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, ~~2019~~ 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. 12

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

Harris

**ESD Business Address \***

911 Hollywood Street

Street Address

Street Address Line 2

Houston

City

Texas

State / Province

77015

Postal / Zip Code

United States

Country

**ESD email \***

02212@smithmur.com

**ESD phone \***

713 - 453-1811  
Area Code Phone Number

**ESD website**

**Type of ESD \***

- Fire
- Emergency Medical Service
- Both

**Annual ESD Budget \***

\$4,177,300

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

\$0.05 / \$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)**

[Empty dashed 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) \***

William	Anders
First Name	Last Name

**E-mail \***

wanders@hcesd12.net

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

5/2/2020

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

David	Proctor
First Name	Last Name

**E-mail \***

dproctor@hcesd12.net

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

5/2/2020

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

Larry	Helgesen
First Name	Last Name

**E-mail \***

lhelgesen@hcesd12.net

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

5/2/2020

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

Frank	Staley
First Name	Last Name

**E-mail \***

fstaley@hcesd12.net

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

5/7/2022

**Name of ESD Commissioner (Commissioner No. 5) \***

Bryan	Clements
First Name	Last Name

**E-mail \***

bclements@hcesd12.net

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

5/7/2022

**Name of ESD's legal counsel \***

Wm. Scott	Smith
First Name	Last Name

**Address**

Street Address

Street Address Line 2

City	Texas
	State / Province

Postal / Zip Code	United States
	Country

**Phone Number**

Area Code	Phone Number
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**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**

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**Names of Other Consultant**

First Name	Last Name

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

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**E-mail**

\_\_\_\_\_

**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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