

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) *

County or Counties in Which ESD is Located *

ESD Business Address *

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

Country



ESD email *

ESD phone *

-
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 *

Krysta
First Name

Coleman
Last Name

E-mail *

krysta@truelovelawfirm.com

Phone Number *

903
Area Code

938-8321
Phone Number

Name of ESD President (Commissioner No. 1) *

Rande
First Name

Grotefendt
Last Name

E-mail *

rhgrotefendt@gmail.com

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

12/23/2021

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

Dwayne
First Name

Fuller
Last Name

E-mail *

randegrotefendt@gmail.com

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

12/12/2020

Name of ESD Secretary (Commissioner No. 3) *

Patti
First Name

Long
Last Name

E-mail *

randegrotefendt@gmail.com

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

12/12/2020

Name of ESD Treasurer (Commissioner No. 4) *

Carvis
First Name

Key
Last Name

E-mail *

randegrotefendt@gmail.com

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

12/23/2021

Name of ESD Commissioner (Commissioner No. 5) *

<input type="text" value="Thomas"/>	<input type="text" value="Visage"/>
First Name	Last Name

E-mail *

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

Name of ESD's legal counsel *

<input type="text" value="Kurt"/>	<input type="text" value="Truelove"/>
First Name	Last Name

Address

Street Address

Street Address Line 2

<input type="text" value="Marshall"/>	<input type="text" value="Texas"/>
---------------------------------------	------------------------------------

City

State / Province

Postal / Zip Code

Country

Phone Number

<input type="text" value="903"/>	<input type="text" value="938-8321"/>
----------------------------------	---------------------------------------

Area Code

Phone Number

E-mail *

kurt@truelovelawfirm.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

Duane

First Name

Nolen

Last Name

E-mail

Names of Other Consultant

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