

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)

N/A

Name of Person Completing this Form *

Gary

First Name

Sportsman

Last Name

E-mail *

gsportsman@gmail.com

Phone Number *

214

Area Code

450-5636

Phone Number

Name of ESD President (Commissioner No. 1) *

Gary

First Name

Sportsman

Last Name

E-mail *

gsportsman@gmail.com

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

12/31/19

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

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) *

Name of ESD Commissioner (Commissioner No. 5) *

<input type="text" value="Jim"/>	<input type="text" value="Pharr"/>
First Name	Last Name

E-mail *

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

Name of ESD's legal counsel *

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

Address

Street Address

Street Address Line 2

<input type="text"/>	<input type="text" value="Texas"/>
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City

State / Province

<input type="text"/>	<input style="border: 2px solid black;" type="text" value="United States"/>
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Postal / Zip Code

Country

Phone Number

<input type="text" value="N/A -"/>	<input type="text"/>
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Area Code

Phone Number

E-mail *

N/A

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

Daniel

First Name

Vasquez

Last Name

E-mail

danqz@yahoo.com

Names of Other Consultant

N/A

First Name

Last Name

Service provided (i.e. audit)

E-mail

N/A

Names of Other Consultant

First Name

Last Name

Service provided (i.e. audit)

E-mail

Question or comment