

## Emergency Services District (ESD) Reporting Form Jan. 1, 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, 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. 2

County or Counties in Which ESD is Located \*

Harris

ESD Business Address \*

2727 Allen Parkway

Street Address

Suite 1100

Street Address Line 2

Houston

City

Texas

State / Province

77019

Postal / Zip Code

United States

Country

ESD email \*

**ESD phone \***

713	-	652-6500
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 \***

Linda

First Name

Tepera

Last Name

**E-mail \***

ltepera@smithmur.com

**Phone Number \***

713

Area Code

652-6500

Phone Number

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

Sonya

First Name

Anderson

Last Name

**E-mail \***

sanderson@hcesd2.org

**Term Expires (example: 12/31/20) \***

05/02/2020

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

Johnnie McClelland  
First Name Last Name

E-mail \*

jmcclelland@hcesd2.org

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

05/02/2020

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

Charles Anthony  
First Name Last Name

Mr. Anthony is also the Treasurer

E-mail \*

canthony@hcesd2.org

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

05/02/2020

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

Marvin Speer  
First Name Last Name

Mr. Speer is not the Treasurer

E-mail \*

mspeer@hcesd2.org

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

05/07/2022

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

Earl	Skank
First Name	Last Name

**E-mail \***

skank@hcesd2.org
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**Term Expires (example: 12/31/19) \***

05/07/2022
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**Name of ESD's legal counsel \***

Wm. Scott	Smith
First Name	Last Name

**Address**

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Street Address

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Street Address Line 2

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City

Texas
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State / Province

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Postal / Zip Code

United States	▼
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Country

**Phone Number**

-	
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Area Code

Phone Number

**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**

**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**

**Names of Other Consultant**

First Name

Last Name

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

**E-mail**

**Question or comment**

**Submit Form**