

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) *

North Hays County ESD No. 1

County or Counties in Which ESD is Located *

Hays

ESD Business Address *

PO Box 1604

Street Address

Street Address Line 2

Dripping Springs

City

Texas

State / Province

78620

Postal / Zip Code

United States

Country



ESD email *

administrator@northhayscou

12/10/2020

ESD phone *

512 - 829-4356
Area Code Phone Number

ESD website

www.northhayscountyesd1.org

Type of ESD *

- Fire
- Emergency Medical Service
- Both

Annual ESD Budget *

\$2,851,374.00

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

\$0.03/\$100

Population of ESD

35,000

Area (sq. miles) of ESD

244

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)

1/2 percent

Name of Person Completing this Form *

Doug **Fowler**
First Name Last Name

E-mail *

administrator@northhays

Phone Number *

512 **829-4356**
Area Code Phone Number

Name of ESD President (Commissioner No. 1) *

Geoffrey **Tahuahua**
First Name Last Name

E-mail *

president@northhaysc

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

12/31/19

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

Walter Krudop
First Name Last Name

E-mail *

vicepresident@northhays

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

12/31/19

Name of ESD Secretary (Commissioner No. 3) *

Robert Luddy
First Name Last Name

E-mail *

secretary@northhays

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

12/31/20

Name of ESD Treasurer (Commissioner No. 4) *

Dan O'Brien
First Name Last Name

E-mail *

treasurer@northhaysc

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

12/31/19

Name of ESD Commissioner (Commissioner No. 5) *

Dennis **Lane**
First Name Last Name

E-mail *

asstreasurer@northhays

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

12/31/20

Name of ESD's legal counsel *

John **Carlton**
First Name Last Name

Address

4301 Westbank Drive Suite B-130

Street Address

Street Address Line 2

Austin **Texas**
City State / Province

78746 **United States**
Postal / Zip Code Country

Phone Number

512 **614-0901**
Area Code Phone Number

E-mail *

john@carltonlawaustin.cc

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

Doug

Fowler

First Name

Last Name

E-mail

administrator@northhayscount

Name of fire chief or EMS CEO

David

Smith

First Name

Last Name

E-mail

dsmith@smhcems.org

Names of Other Consultant

None

First Name

Last Name

Service provided (i.e. audit)

E-mail

.....

Names of Other Consultant

None

First Name Last Name

Service provided (i.e. audit)

.....
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E-mail

.....

Question or comment

None

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