

# Emergency Services District (ESD) Reporting Form Jan. 1, 2020

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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) \***

**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 \***

<input type="text" value="-"/>	<input type="text"/>
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 \***

First Name

Last Name

**E-mail \***

**Phone Number \***

Area Code

Phone Number

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

First Name

Last Name

**E-mail \***

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

**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) \***

First Name

Last Name

**E-mail \***

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

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

First Name

Last Name

**Address**

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

Country

**Phone Number**

Area Code

Phone Number

**E-mail \***

**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**