

ESD Reporting Form - Jan. 1, 2019

Information received from this form will be transmitted to the appropriate state agency 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. If you wish to submit a report for another year, contact SAFE-D at safed@texas.net.

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 ESD No. 75

County or Counties in Which ESD is Located *

Harris County

ESD Business Address *

P.O. Box 8329

Street Address

Street Address Line 2

Baytown

City

Texas

State / Province

77522

Postal / Zip Code

United States

Country

ESD email *

pierce@coveler.com

ESD phone *

713 - 984-8222
Area Code Phone Number

ESD website



Type of ESD *

- Fire
- Emergency Medical Service
- Both

Annual ESD Budget *

\$808,000

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

\$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 *

<input type="text" value="Nicole"/>	<input type="text" value="Pierce"/>
First Name	Last Name

E-mail *

Phone Number *

<input type="text" value="713"/>	-	<input type="text" value="984-8222"/>
Area Code		Phone Number



Name of ESD President (Commissioner No. 1) *

<input type="text" value="Robert"/>	<input type="text" value="Wagnon"/>
First Name	Last Name

E-mail *

Term Expires (example: 12/31/16) *



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

Leslie	McDonald
First Name	Last Name

E-mail *

lmcdonald18@comcast.net

Term Expires (example: 12/31/16) *

05/31/20



Name of ESD Secretary (Commissioner No. 3) *

Jerry	Kinsel
First Name	Last Name

E-mail *

jkinsel1@comcast.net

Term Expires (example: 12/31/16) *

05/31/20



Name of ESD Treasurer (Commissioner No. 4) *

Brenda	Marsh
First Name	Last Name

E-mail *

mrshland2@aol.com

Term Expires (example: 12/31/16) *

05/31/20



Name of ESD Commissioner (Commissioner No. 5) *

<input type="text" value="Gene"/>	<input type="text" value="Wueste"/>
First Name	Last Name

E-mail *

Term Expires (example: 12/31/16) *



Name of ESD's legal counsel *

<input type="text" value="Nicole"/>	<input type="text" value="Pierce"/>
First Name	Last Name

Address

Street Address
Street Address Line 2

<input type="text" value="Houston"/>	<input type="text" value="Texas"/>
City	State / Province

<input type="text" value="77024"/>	<input style="border: none; border-bottom: 1px solid black; text-align: right; padding-right: 5px;" type="text" value="United States"/> ▼
Postal / Zip Code	Country

Phone Number

<input type="text" value="713"/>	-	<input type="text" value="984-8222"/>
Area Code		Phone Number

E-mail *

pierce@coveler.com



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

N/A

N/A

First Name

Last Name

E-mail

ex: myname@example.com



Name of fire chief or EMS CEO

Victor

Medrano

First Name

Last Name

E-mail

victor.medrano@baytown.org



Names of Other Consultant

Regina

Real

First Name

Last Name

Service provided (i.e. audit)

Bookkeeping

E-mail

esd75bookkeeping@yahoo.com



Names of Other Consultant

First Name

Last Name

Service provided (i.e. audit)

E-mail

ex: myname@example.com



Question or comment for SAFE-D:

NEW: BEFORE you click SUBMIT below, click the PRINT FORM button (below) to print the form for your records.