

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) *

LIMESTONE COUNTY ESD #2

County or Counties in Which ESD is Located *

LIMESTONE

ESD Business Address *

133 LCR 777

Street Address

Street Address Line 2

GROESBECK

City

Texas

State / Province

76642

Postal / Zip Code

United States

Country

ESD email *

TRMIH2772@GMAIL.COM

12/10/2020

ESD phone *

254 - 7298000

Area Code Phone Number

ESD website

W.L.L.V.E.R.E.S.D.2.ORG

Type of ESD *

- Fire
 Emergency Medical Service
 Both

Annual ESD Budget *

97,676

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

.04

Population of ESD

2800

Area (sq. miles) of ESD

9.7

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 *

VERNON DAVIS

First Name Last Name

E-mail *

TRMIH2772@GMAIL.COM

Phone Number *

254 7298000

Area Code Phone Number

Name of ESD President (Commissioner No. 1) *

VERNON DAVIS

First Name Last Name

E-mail *

TRMIH2772@GMAIL.COM

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

12/31/2020

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

BARBARA

HICKS

First Name

Last Name

E-mail *

BHICKS@LMCHOSPITAL.COM

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

12/31/20

Name of ESD Secretary (Commissioner No. 3) *

MIKE

THOMPSON

First Name

Last Name

E-mail *

MTHOMPSON@LMCHOSPITAL.COM

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

12/31/19

Name of ESD Treasurer (Commissioner No. 4) *

CHARLES

EASTBURN

First Name

Last Name

E-mail *

EASTBURN@SATURDAYSSOLUTIONS.COM

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

12/31/19

Name of ESD Commissioner (Commissioner No. 5) *

PAUL LOEFFLER

First Name

Last Name

E-mail *

CHM_PAL@SHSU.EDU

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

12/31/19

Name of ESD's legal counsel *

DANIEL BURKEEN

First Name

Last Name

Address

303 N.MC KINNEY

Street Address

Street Address Line 2

MEXIA

City

Texas

State / Province

76667

Postal / Zip Code

United States

Country

Phone Number

254 - 6250071

Area Code

Phone Number

E-mail *

dburkeen <dburkeen@earthlink.net>

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

NA

NA

First Name

Last Name

E-mail

NA

Name of fire chief or EMS CEO

ALLEN

MC WHIRTER

First Name

Last Name

E-mail

Allen McWhirter <amacfire@hotmail.com>

Names of Other Consultant

NA

NA

First Name

Last Name

Service provided (i.e. audit)

NA

E-mail

NA

Names of Other Consultant

NA

NA

First Name

Last Name

Service provided (i.e. audit)

NA

E-mail

NA

Question or comment

NA

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