

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) *

Hays County ESD No. 3

County or Counties in Which ESD is Located *

Hays

ESD Business Address *

3528 Hunter Road

Street Address

Street Address Line 2

San Marcos

City

Texas

State / Province

78666

Postal / Zip Code

United States

Country

ESD email *

ESD phone *

512

-

754-7963

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)

1/2 percent

Name of Person Completing this Form *

Mark
First Name

Thornton
Last Name

E-mail *

office@southhaysfire.com

Phone Number *

512
Area Code

754-7963
Phone Number

Name of ESD President (Commissioner No. 1) *

Leighton
First Name

Stallones
Last Name

E-mail *

lstallones@southhaysfire.com

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

12/31/21

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) *

| | |
|-----------------------------------|-------------------------------------|
| <input type="text" value="Alex"/> | <input type="text" value="Garcia"/> |
| First Name | Last Name |

E-mail *

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

Name of ESD's legal counsel *

| | |
|----------------------------------|---------------------------------------|
| <input type="text" value="Ken"/> | <input type="text" value="Campbell"/> |
| 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