

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) *

Harris County Emergency Services District No. 60

County or Counties in Which ESD is Located *

Harris

ESD Business Address *

2727 Allen Parkway

Street Address

Suite 1100

Street Address Line 2

Houston

City

Texas

State / Province

77019

Postal / Zip Code

United States

Country

ESD email *

09208@smithmur.com

12/10/2020

ESD phone *

713 -
Area Code

652-6500
Phone Number

ESD website

Type of ESD *

- Fire
- Emergency Medical Service
- Both

Annual ESD Budget *

\$5,942,500

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

\$0.05/\$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) *

and Treasurer

Name of ESD Secretary (Commissioner No. 3) *

First Name Last Name

Mr. Adams is also the Treasurer

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) *

Dale	Langdon
First Name	Last Name

E-mail *

09208@smithmur.com

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

05/07/2022

Name of ESD's legal counsel *

Richard	Morrison
First Name	Last Name

Address

Street Address

Street Address Line 2

	Texas
City	State / Province

	United States <input type="checkbox"/>
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