

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) *

Travis County ESD No. 13

County or Counties in Which ESD is Located *

Travis

ESD Business Address *

P.O. Box 1017

Street Address

Street Address Line 2

Manor

City

Texas

State / Province

78653

Postal / Zip Code

United States

Country

ESD email *

n/a

ESD phone *

N/A -
Area Code Phone Number

ESD website

N/A

Type of ESD *

- Fire
- Emergency Medical Service
- Both

Annual ESD Budget *

\$75,000

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

\$0.10/\$100

Population of ESD

4,779

Area (sq. miles) of ESD

37

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) *

David Erickson
First Name Last Name

E-mail *

derick4502@aol.com

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

12/31/18

Name of ESD Secretary (Commissioner No. 3) *

Gary Johnson
First Name Last Name

E-mail *

grbrjohnson@sbcglobal.net

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

12/31/19

Name of ESD Treasurer (Commissioner No. 4) *

Aaron Anderson
First Name Last Name

E-mail *

dmoellen08@gmail.com

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

12/31/18

Name of ESD Commissioner (Commissioner No. 5) *

| | |
|-----------------------------------|--------------------------------------|
| <input type="text" value="Leah"/> | <input type="text" value="Douglas"/> |
| First Name | Last Name |

E-mail *

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

Name of ESD's legal counsel *

| | |
|-----------------------------------|------------------------------------|
| <input type="text" value="Doug"/> | <input type="text" value="Young"/> |
| 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 *

dyoung@sbylaw.com

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

N/A
First Name Last Name

E-mail

Name of fire chief or EMS CEO

N/A
First Name Last Name

E-mail

Names of Other Consultant

Jansen & Gregorczyk
First Name Last Name

Service provided (i.e. audit)

Auditor

E-mail

infor@jansenandgregorcykcpa.com

Names of Other Consultant

N/A

First Name

Last Name

Service provided (i.e. audit)

E-mail

Question or comment

ESD13 contract both fi

Submit Form

