

# Emergency Services District (ESD) Reporting Form Jan. 1, 2020

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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) \***

Bosque County ESD No. 1

**County or Counties in Which ESD is Located \***

Bosque

**ESD Business Address \***

305 E. Morgan

Street Address

Street Address Line 2

Meridian

City

Texas

State / Province

76665

Postal / Zip Code

United States

Country

**ESD email \***

[bosqueems@gmail.com](mailto:bosqueems@gmail.com)

12/10/2020

**ESD phone \***

214

-

533-0718

Area Code

Phone Number

**ESD website****Type of ESD \***

- Fire
- Emergency Medical Service
- Both

**Annual ESD Budget \***

737,916

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

0.0431

**Population of ESD**

18,326

**Area (sq. miles) of ESD**

1,003

**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 \***

Destiny

First Name

Leon

Last Name

**E-mail \***

destiny@carltonlawaustin.com

**Phone Number \***

512

Area Code

614-0901

Phone Number

**Name of ESD President (Commissioner No. 1) \***

Jack

First Name

Cameron

Last Name

**E-mail \***

bosqueems@gmail.com

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

12/31/19

**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) \***

First Name Last Name

**E-mail \***

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

**Name of ESD's legal counsel \***

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**