

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) *

GONZALES COUNTY EMERGENCY SERVICES DISTRICT #1

County or Counties in Which ESD is Located *

GONZALES

ESD Business Address *

P O BOX 743

Street Address

Street Address Line 2

GONZALES

City

Texas

State / Province

78629

Postal / Zip Code

United States

Country

ESD email *

ESD phone *

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)

Name of Person Completing this Form *

DONALD
First Name

RIHN
Last Name

E-mail *

rihntx@gvec.net

Phone Number *

830
Area Code

672-7598
Phone Number

Name of ESD President (Commissioner No. 1) *

RENE
First Name

de la GARZA
Last Name

E-mail *

rene@txrow.com

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

12/31/2020

