

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) *

Chambers County Emergency Services District No. 1

County or Counties in Which ESD is Located *

Chambers

ESD Business Address *

821 S. Hwy 124

Street Address

Street Address Line 2

Winnie

City

Texas

State / Province

77665

Postal / Zip Code

United States

Country

ESD email *

ESD phone *

<input type="text" value="409"/>	-	<input type="text" value="296-4133"/>
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 *

Hubert
First Name

Oxford, IV
Last Name

E-mail *

hoxfordiv@benoxford.com

Phone Number *

409
Area Code

833-4721
Phone Number

Name of ESD President (Commissioner No. 1) *

David
First Name

Murrell
Last Name

E-mail *

president@ccesd1.net

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

12/31/2020

Name of ESD Vice President (Commissioner No. 2) *

Brad

First Name

Crone

Last Name

E-mail *

vicepresident@ccesd1.net

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

12/31/2021

Name of ESD Secretary (Commissioner No. 3) *

Troy

First Name

Dow

Last Name

E-mail *

secretary@ccesd1.net

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

12/31/2020

Name of ESD Treasurer (Commissioner No. 4) *

Chris

First Name

Barrow

Last Name

E-mail *

treasurer@ccesd1.net

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

12/31/2020

Name of ESD Commissioner (Commissioner No. 5) *

<input type="text" value="Kenneth"/>	<input type="text" value="Thibodeaux"/>
First Name	Last Name

E-mail *

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

Name of ESD's legal counsel *

<input type="text" value="Hubert"/>	<input type="text" value="Oxford, IV"/>
First Name	Last Name

Address

Street Address

Street Address Line 2

<input type="text" value="Beaumont"/>	<input type="text" value="Texas"/>
---------------------------------------	------------------------------------

City

State / Province

Postal / Zip Code

Country

Phone Number

<input type="text" value="409"/>	-	<input type="text" value="833-4721"/>
----------------------------------	---	---------------------------------------

Area Code

Phone Number

E-mail *

hoxfordiv@benoxford.com

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

Wayne Wilber
First Name Last Name

E-mail

admin@ccesd1.net

Name of fire chief or EMS CEO

Brent Potier
First Name Last Name

E-mail

wsvfchiefpotier@gmail.com

Names of Other Consultant

Brenda Wilber
First Name Last Name

Service provided (i.e. audit)

CPA

E-mail

Names of Other Consultant

First Name Last Name

Service provided (i.e. audit)

E-mail

Question or comment

Submit Form