

# 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) \***

El Paso County ESD No. 1

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

El Paso

**ESD Business Address \***

14151 Nunda ave

Street Address

Street Address Line 2

Horizon

City

79928

Postal / Zip Code

Texas

State / Province

United States

Country



**ESD email \***

**ESD phone \***

915 - 852-3204  
Area Code Phone Number

**ESD website**

www.epcesd1.com

**Type of ESD \***

- Fire
- Emergency Medical Service
- Both

**Annual ESD Budget \***

3,390,103.60

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

0.10

**Population of ESD**

60,000

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

148

**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)**

N/a

**Name of Person Completing this Form \***

**Kristian**      **Menendez**  
First Name      Last Name

**E-mail \***

Kmenendez@epcesd1.com

**Phone Number \***

**915**      **820-7420**  
Area Code      Phone Number

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

**Bill**      **Mayberry**  
First Name      Last Name

**E-mail \***

BMayberry@epcesd1.com

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

12/31/20

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

Jose

First Name

Berumen

Last Name

**E-mail \***

Jberumen@epcesd1.com

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

12/31/21

**Name of ESD Secretary (Commissioner No. 3) \***

Vacant

First Name

Vacant

Last Name

**E-mail \***

Vacant@epcesd1.com

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

12/31/19

**Name of ESD Treasurer (Commissioner No. 4) \***

Amanda

First Name

Anaya

Last Name

**E-mail \***

AAmaya@epcesd1.com

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

12/31/21

**Name of ESD Commissioner (Commissioner No. 5) \***

Deanne Rankins  
First Name Last Name

**E-mail \***

Drankins@epcesd1.com

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

12/31/20

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

Richard Contreras  
First Name Last Name

**Address**

2150 Trawood #B200

Street Address

Street Address Line 2

El Paso  
City

Texas  
State / Province

79935  
Postal / Zip Code

United States  
Country

**Phone Number**

915 - 594-1970  
Area Code Phone Number

**E-mail \***

Rcesq81@aol.com

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

Kristian      Menendez

First Name

Last Name

**E-mail**

Kmenendez@epcesd1.com

**Name of fire chief or EMS CEO**

Kristian      Menendez

First Name

Last Name

**E-mail**

Kmenendez@epcesd1.com

**Names of Other Consultant**

Joanne      Nugent

First Name

Last Name

**Service provided (i.e. audit)**

S.B.N.G

**E-mail**

N/a

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**Names of Other Consultant**

N/a

First Name

N/a

Last Name

**Service provided (i.e. audit)**

N/a

**E-mail**

N/a

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**Question or comment**

N/a

**Submit Form**