

# 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 Emergency Services District # 2

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

El Paso

**ESD Business Address \***

16001 Socorro Road

Street Address

Street Address Line 2

Fabens

City

Texas

State / Province

79838

Postal / Zip Code

United States

Country

**ESD email \***

**ESD phone \***

915 - 851-0304  
Area Code Phone Number

**ESD website**

www.epcountyesd2.org

**Type of ESD \***

- Fire
- Emergency Medical Service
- Both

**Annual ESD Budget \***

7,161,544.23

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

\$.10/\$100

**Population of ESD**

130,000

**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)**

.005

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

Mariana	Navarrete
First Name	Last Name

**E-mail \***

mnavarrete@epcountyesd2.org

**Phone Number \***

915	851-0304
Area Code	Phone Number

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

Adrian	Santana
First Name	Last Name

**E-mail \***

asantana@epcountyesd2.org

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

12/31/21

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

Mike Diaz  
First Name Last Name

**E-mail \***

mdiaz@epcountyesd2.org

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

12/31/21

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

Jakie Butler  
First Name Last Name

**E-mail \***

jbutler@epcountyesd2.org

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

12/31/20

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

Rick Avalos  
First Name Last Name

**E-mail \***

ravalos@epcountyesd2.org

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

12/31/21

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

Mike	Barnes
First Name	Last Name

**E-mail \***

mbarnes@epcountyesd2.org

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

12/31/20

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

Ken	Campbell
First Name	Last Name

**Address**

PO Box 26300

Street Address

Street Address Line 2

Austin	Texas
City	State / Province

78755	United States
Postal / Zip Code	Country

**Phone Number**

512	-	338-5322
Area Code		Phone Number

E-mail \*

kcampbell@bajb.com

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

Mariana Navarrete  
First Name Last Name

E-mail

mnavarrete@epcountyesd2.org

Name of fire chief or EMS CEO

Roger Esparza  
First Name Last Name

E-mail

resparza@epcountyesd2.org

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**