

## 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) \***

Wilson County Emergency Services District #3

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

Wilson

**ESD Business Address \***

656 W. Wheeler St.

Street Address

Street Address Line 2

Stockdale

City

Texas

State / Province

78160

Postal / Zip Code

United States

Country

**ESD email \***

admin@wcesd3.com

12/10/2020

**ESD phone \***

830 - 9963087  
Area Code Phone Number

**ESD website**

www.wcesd3.com

**Type of ESD \***

- Fire
- Emergency Medical Service
- Both

**Annual ESD Budget \***

\$2,350,654.65

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

\$0.10/\$100

**Population of ESD**

30,000

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

400

**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 \***

David Rice  
First Name Last Name

**E-mail \***

david.rice@wcesd3.net

**Phone Number \***

830 9963087  
Area Code Phone Number

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

Race Skaggs  
First Name Last Name

**E-mail \***

admin@wcesd3.com

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

12/31/2022

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

Carlos Salazar  
First Name Last Name

**E-mail \***

admin@wcesd3.com

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

12/31/2021

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

Jeffrey Dugi  
First Name Last Name

**E-mail \***

admin@wcesd3.com

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

12/31/2021

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

Eddie Callender  
First Name Last Name

**E-mail \***

admin@wcesd3.com

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

12/31/2022

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

Cindy Couch  
First Name Last Name

**E-mail \***

admin@wcesd3.com

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

12/31/2021

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

Ken Campbell  
First Name Last Name

**Address**

4807 Spicewood Springs Rd. Bldg 4 suite 1  
Street Address

Street Address Line 2

Austin Texas  
City State / Province

78759 United States  
Postal / Zip Code Country

**Phone Number**

512 - 3385322  
Area Code Phone Number

**E-mail \***

kcampbell@bajb.com

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

N/A      N/A  
First Name      Last Name

**E-mail**

N/A

**Name of fire chief or EMS CEO**

David      Rice  
First Name      Last Name

**E-mail**

david.rice@wcesd3.net

**Names of Other Consultant**

Angela      Herbelin  
First Name      Last Name

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

Audit

**E-mail**

**Names of Other Consultant**

First Name

Last Name

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

**E-mail**

**Question or comment**

**Submit Form**