

# 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) \***

Hays County ESD No. 6

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

Northern Hays County

**ESD Business Address \***

400 Sportsplex Dr.

Street Address

Street Address Line 2

Dripping Springs

City

Texas

State / Province

78620

Postal / Zip Code

United States



Country

**ESD email \***

**ESD phone \***

512 - 894-0704  
Area Code Phone Number

**ESD website**

northhaysfire.com

**Type of ESD \***

- Fire
- Emergency Medical Service
- Both

**Annual ESD Budget \***

6,883,051

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

.0885

**Population of ESD**

35000

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

246

**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)**

1/4

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

Sheri Gomez  
First Name Last Name

**E-mail \***

sgomez@northhaysfire.com

**Phone Number \***

512 8940704  
Area Code Phone Number

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

Robert Avera  
First Name Last Name

**E-mail \***

ravera@northhaysfire.com

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

12/31/20

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

Jennifer                  Rodriguez

First Name                  Last Name

**E-mail \***

jrodriguez@northhaysfire.com

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

12/31/20

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

Steve                  Janda

First Name                  Last Name

**E-mail \***

sjanda@northhaysfire.com

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

12/31/21

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

Marilyn                  Miller

First Name                  Last Name

**E-mail \***

mmiller@northhaysfire.com

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

12/31/21

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

**Brad Ruoff**  
First Name Last Name

**E-mail \***

bruoff@northhaysfire.com

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

13/31/20

**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 - 3385322**  
Area Code Phone Number

E-mail \*

kcampbell@bajb.com

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

Sheri Gomez

First Name

Last Name

E-mail

sgomez@northhaysfire.com

Name of fire chief or EMS CEO

Scott Collard

First Name

Last Name

E-mail

scollard@northhaysfire.com

Names of Other Consultant

Stacy Britton

First Name

Last Name

Service provided (i.e. audit)

audit

E-mail

Stacy@montemayor.team

**Names of Other Consultant**

First Name

Last Name

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

E-mail

**Question or comment**

**Submit Form**