

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 #2

County or Counties in Which ESD is Located *

Wilson

ESD Business Address *

11382 FM 775, Floresville, TX 78114

Street Address

PO Box 602

Street Address Line 2

Floresville

City

Texas

State / Province

78114

Postal / Zip Code

United States

Country

ESD email *

ESD phone *

830 - 3937283
Area Code Phone Number

ESD website

<http://www.wcesd2tx.us/>

Type of ESD *

- Fire
- Emergency Medical Service
- Both

Annual ESD Budget *

\$1,352,000

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

\$0.10/\$100

Population of ESD

Approx. 14,000

Area (sq. miles) of ESD

40

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)

2 percent

Name of Person Completing this Form *

First Name Last Name

E-mail *

Phone Number *

Area Code Phone Number

Name of ESD President (Commissioner No. 1) *

First Name Last Name

E-mail *

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

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

Glenn

First Name

Cunningham

Last Name

E-mail *

glenn.cunningham@wcesd2tx.us

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

12/31/21

Name of ESD Secretary (Commissioner No. 3) *

Rudy

First Name

Cantu

Last Name

E-mail *

rudy.cantu@wcesd2tx.us

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

12/31/21

Name of ESD Treasurer (Commissioner No. 4) *

Camilla

First Name

hawkins

Last Name

E-mail *

kelly.hawkins@wcesd2tx.us

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

12/31/20

Name of ESD Commissioner (Commissioner No. 5) *

First Name Last Name

E-mail *

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

Name of ESD's legal counsel *

First Name Last Name

Address

Street Address

Street Address Line 2

City State / Province

Postal / Zip Code Country

Phone Number

-
Area Code Phone Number

E-mail *

sb@ltrlaw.com

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

N/A

First Name

Last Name

E-mail

Name of fire chief or EMS CEO

Adam

Marconi

First Name

Last Name

E-mail

adam.marconi@wcesd2tx.us

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