

# 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) \***

CALDWELL COUNTY ESD NO. 4

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

CALDWELL

**ESD Business Address \***

P.O. BOX 756

Street Address

Street Address Line 2

LOCKHART

City

Texas

State / Province

78644

Postal / Zip Code

United States

Country



**ESD email \***

[jerry.doyle@midcountyfire.com](mailto:jerry.doyle@midcountyfire.com)

12/10/2020

**ESD phone \***

512 - 213-7267

Area Code Phone Number

**ESD website**

midcountyrerescue.com

**Type of ESD \***

- Fire
- Emergency Medical Service
- Both

**Annual ESD Budget \***

\$129,971.89

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

\$0.10/\$100

**Population of ESD**

4,000 estimated

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

54

**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 1/2%

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

Jerry                      Doyle  
First Name                      Last Name

**E-mail \***

jerry.doyle@miudcountyfire.com

**Phone Number \***

512                      213-7267  
Area Code                      Phone Number

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

Jerry                      Doyle  
First Name                      Last Name

**E-mail \***

jerry.doyle@midcountyfire.com

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

12/31/21

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

Donald                  Graham

First Name              Last Name

**E-mail \***

donaldgraham924@gmail.com

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

12/31/21

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

Steve                  Fogle

First Name              Last Name

**E-mail \***

steve@fogle.org

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

12/31/22

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

Greg                  Pope

First Name              Last Name

**E-mail \***

gregrpoppe@yahoo.com

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

12/31/21

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

Martin                  Ritchey  
First Name              Last Name

**E-mail \***

[martin.ritchey@midcountyfire.com](mailto:martin.ritchey@midcountyfire.com)

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

12/31/22

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

Ken                      Campbell  
First Name              Last Name

**Address**

4807 Spicewood Springs Rd., Building 4

Street Address

P.O. Box 26300

Street Address Line 2

Austin

City

Texas

State / Province

78755-6300

Postal / Zip Code

United States

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)**

N/A

First Name

N/A

Last Name

**E-mail**

N/A

**Name of fire chief or EMS CEO**

Ed

First Name

Hanna

Last Name

**E-mail**

edward.hanna@midcountyfire.comN/A

**Names of Other Consultant**

N/A

First Name

N/A

Last Name

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

N/A

**E-mail**

N/A

**Names of Other Consultant**

N/A

First Name

N/A

Last Name

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

N/A

**E-mail**

N/A

**Question or comment**

**Submit Form**