

# 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) \***

Limestone County ESD 1

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

Limestone

**ESD Business Address \***

P.O. Box 26

Street Address

Street Address Line 2

Jewett

City

Texas

State / Province

75846

Postal / Zip Code

United States

Country

**ESD email \***

[info@eslimestone.com](mailto:info@eslimestone.com)

**ESD phone \***

<input type="text" value="903"/>	-	<input type="text" value="626-4062"/>
Area Code		Phone Number

**ESD website**

**Type of ESD \***

- Fire
- Emergency Medical Service
- Both

**Annual ESD Budget \***

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

**Population of ESD**

**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)**

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

Tom Dean  
First Name Last Name

**E-mail \***

tdean@phaseonebuilders.com

**Phone Number \***

903 626-4062  
Area Code Phone Number

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

Tom Dean  
First Name Last Name

**E-mail \***

tdean@phaseonebuilders.com

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

12/31/22

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

First Name Last Name

**E-mail \***

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

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

First Name Last Name

**E-mail \***

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

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

First Name Last Name

**E-mail \***

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

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

Mark Jones  
First Name Last Name

**E-mail \***

markejones1510@gmail.com

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

12-31-2020

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

Kenton Campbell  
First Name Last Name

**Address**

P.O. Box 26300  
Street Address

4807 Spicewood Springs Rd. Bldg. 4  
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 \***

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

First Name

Last Name

**E-mail**

**Name of fire chief or EMS CEO**

First Name

Last Name

**E-mail**

**Names of Other Consultant**

First Name

Last Name

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

**E-mail**

Frank@FrankCamposCPA.com

**Names of Other Consultant**

Stephanie

First Name

Dew

Last Name

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

Insurance

**E-mail**

sdew@winstarins.com

**Question or comment**

*EMAIL to SOC2@dps.texas.gov*

**Submit Form**