

# 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) \***

Comal County Emergency Services District No 6

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

Comal

**ESD Business Address \***

23600 FM 3009

Street Address

Street Address Line 2

San Antonio

City

Texas

State / Province

78266

Postal / Zip Code

United States

Country

**ESD email \***

[rmaschek@comalcountyesd6.org](mailto:rmaschek@comalcountyesd6.org)

**ESD phone \***

210 - 831-7164  
Area Code Phone Number

**ESD website**

<http://comalcountyesd6.org>

**Type of ESD \***

- Fire
- Emergency Medical Service
- Both

**Annual ESD Budget \***

\$2,179,217.00

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

0.0884/\$100

**Population of ESD**

8,930

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

75 sq miles

**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)**

\$0.005 or 1/2 percent

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**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) \*

Jim Solomon  
First Name Last Name

E-mail \*

jim@chambersbayinstitute.com

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

12/31/2020

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

Randy Maschek  
First Name Last Name

E-mail \*

rtmaschek@att.net

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

12/31/2020

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

William Waechter  
First Name Last Name

E-mail \*

waechter.william@yahoo.com

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

12/31/2021

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

Frank      Yannuzzi  
First Name      Last Name

**E-mail \***

4yannuzzi@gmail.com

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

12/31/20

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

Ken      Campbell  
First Name      Last Name

**Address**

P.O. Box 26300  
Street Address

Street Address Line 2

Austin      Texas  
City      State / Province

78755-6300      United States  
Postal / Zip Code      Country

**Phone Number**

512 - 338-5322  
Area Code      Phone Number

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E-mail \*

kcampbell@bajb.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

Donald Zipp

First Name

Last Name

E-mail

Chief@brackenvfd.org

Names of Other Consultant

Angela Herbelin

First Name

Last Name

Service provided (i.e. audit)

Armstrong, Vaughan &

E-mail

angela@avacpa.com

Names of Other Consultant

Jason

First Name

Mabbitt

Last Name

Service provided (i.e. audit)

Schertz EMS

E-mail

jmabbitt@schertz.com

Question or comment

ESD No 6 contracts fo

Submit Form

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