

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) *

County or Counties in Which ESD is Located *

ESD Business Address *


Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

Country

ESD email *

ESD phone *

<input type="text" value="-"/>	<input type="text"/>
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 *

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) *

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) *

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 *

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

Names of Other Consultant

First Name

Last Name

Service provided (i.e. audit)

E-mail

Question or comment

Submit Form