

## Emergency Services District (ESD) Reporting Form Jan. 1, 2020

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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 ESD No. 5

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

Comal County

**ESD Business Address \***

353 Rodeo Dr

Street Address

Street Address Line 2

Spring Branch

City

Texas

State / Province

78070

Postal / Zip Code

United States

Country

**ESD email \***

[ESD5@CCESD5.com](mailto:ESD5@CCESD5.com)

**ESD phone \***

830	-	228-4501
Area Code		Phone Number

**ESD website**

www.ccesd5.com

**Type of ESD \***

- Fire
- Emergency Medical Service
- Both

**Annual ESD Budget \***

\$1,939,170

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

\$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)**

1%

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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) \***

Bob	Guilbault
First Name	Last Name

**E-mail \***

Vicepresident@ccesd5.com

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

12/31/2021

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

Robert	Evans
First Name	Last Name

**E-mail \***

Secretary@ccesd5.com

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

12/31/2020

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

Deb	Kruciak
First Name	Last Name

**E-mail \***

Treasurer@ccesd5.com

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

12/31/2020

**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 \*

john@carltonlawaustin.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

Mark      Southwell

First Name      Last Name

E-mail

Mark.southwell@bsb911.com

Names of Other Consultant

Rick      Reed

First Name      Last Name

Service provided (i.e. audit)

Audit

**E-mail**

**Names of Other Consultant**

First Name

Last Name

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

**E-mail**

**Question or comment**

**Submit Form**