

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) *

Williamson County ESD No. 12

County or Counties in Which ESD is Located *

Williamson

ESD Business Address *

PO Box 2451

Street Address

Street Address Line 2

Cedar Park

City

Texas

State / Province

78630

Postal / Zip Code

United States

Country

ESD email *

secretary@wilcoesd12.org

ESD phone *

512 -
Area Code

614-0901
Phone Number

ESD website

wilcoesd12.org

Type of ESD *

- Fire
- Emergency Medical Service
- Both

Annual ESD Budget *

190,000

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)

Name of Person Completing this Form *

Sheryl Morris
First Name Last Name

E-mail *

Sheryl@wilcoesd12.org

Phone Number *

512 614-0901
Area Code Phone Number

Name of ESD President (Commissioner No. 1) *

Kurt Prossner
First Name Last Name

E-mail *

president@wilcoesd12

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

12/31/19

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

Dan Martillotti
First Name Last Name

E-mail *

vp@wilcoesd12.org

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

12/31/19

Name of ESD Secretary (Commissioner No. 3) *

Feliza Conway
First Name Last Name

E-mail *

secretary@wilcoesd1

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

12/31/19

Name of ESD Treasurer (Commissioner No. 4) *

Judy Pokorny
First Name Last Name

E-mail *

treasurer@wilcoesd12

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

12/31/20

Name of ESD Commissioner (Commissioner No. 5) *

<input type="text" value="Erin"/>	<input type="text" value="Tanner"/>
<small>First Name</small>	<small>Last Name</small>

E-mail *

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

Name of ESD's legal counsel *

<input type="text" value="John"/>	<input type="text" value="Carlton"/>
<small>First Name</small>	<small>Last Name</small>

Address

Street Address
Street Address Line 2

<input type="text" value="Austin"/>	<input type="text" value="Texas"/>
<small>City</small>	<small>State / Province</small>

<input type="text" value="78746"/>	<input style="border: 1px solid black;" type="text" value="United States"/>
<small>Postal / Zip Code</small>	<small>Country</small>

Phone Number

<input type="text" value="512"/>	<input type="text" value="614-0901"/>
<small>Area Code</small>	<small>Phone Number</small>

E-mail *

john@carltonlawaustin.cc

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