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., E	Buffalo County ESD No. 99	" ————————————————————————————————————	
County or Counti	es in Which ESD is Locate	ed *	
ESD Business Ac	ldress *		
Street Address			
Street Address Street Address Line 2			
	Texas		
Street Address Line 2	Texas State / Province		

ESD email *

ESD phone *
Area Code Phone Number
Area Code Priorie 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 ECD collecte a color toy what is the note of the color toy 0.7 - 4.79
If your ESD collects a sales tax, what is the rate of the sales tax? (i.e. 1/2 percent

Name of Po	erson Completing this Form *
First Name	Last Name
Thornamo	Lastramo
E-mail *	
Phone Nur	nber *
Area Code	Phone Number
Area Code	Priorie Number
Name of E	SD President (Commissioner No. 1) *
First Name	Last Name
E-mail *	
Term Expir	res (example: 12/31/20) *

lame of ESD	Vice President (Con
First Name	Last Name
E-mail *	
Term Expires	s (example: 12/31/19)
Name of ESD	Secretary (Commiss
First Name	Last Name
E-mail *	
Term Expires	s (example: 12/31/19)
Name of ESD	Treasurer (Commiss
First Name	Last Name
E-mail *	
Term Expires	s (example: 12/31/19)

Name of E	SD Commissi	oner (Commissioner No. 5)
First Name	Last Name	•
E-mail *		
Term Expi	res (example:	12/31/19) *
Name of E	SD's legal cou	unsel *
First Name	Last Name	
T iist Name	Lastivallie	7
Address		
Street Address	3	
Ctue et A dans es	a Lina O	
Street Address	s Line 2	
City		Texas State / Province
Oity		
Postal / Zip Co	ode	United States Country
Phone Nur	mber	
_		
Area Code	Phone Number	

E-mail *			
James of EQ	Dia		natan (NI/A if mana)
varine of ESI	os generai manage	, executive director or administ	ator (N/A if none
irst Name	Last Name		
riist ivame	Last Name		
- mail			
E-mail			
Name of fire	chief or EMS CEO		
First Name	Last Name		
E-mail			
Names of O	lhan Canaviltant		
names of Ot	ther Consultant		
First Name	Loot Name		
First Name	Last Name		
Service prov	vided (i.e. audit)		

lamps of Oth	ner Consultant
tames or ou	
irst Name	Last Name
Service provi	ided (i.e. audit)
-mail	
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Submit Form