

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) *

Ellis County ESD No. 2

County or Counties in Which ESD is Located *

Ellis

ESD Business Address *

105 S. Cockrell Hill Road

Street Address

Street Address Line 2

Ovilla

City

Texas

State / Province

75154

Postal / Zip Code

United States

Country

ESD email *

ESD phone *

<input type="text" value="214"/>	-	<input type="text" value="325-7186"/>
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)

n/a

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

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

N/A

First Name

Last Name

Service provided (i.e. audit)

E-mail

Question or comment

Submit Form