

# 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) \***

**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 \***

[cgonzales@jcesd1.org](mailto:cgonzales@jcesd1.org)

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**ESD phone \***

<input type="text" value="409"/>	-	<input type="text" value="753-3486"/>
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)

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**Name of Person Completing this Form \***

Hubert  
First Name

Oxford, IV  
Last Name

**E-mail \***

hoxfordiv@benoxford.com

**Phone Number \***

409  
Area Code

951-4721  
Phone Number

**Name of ESD President (Commissioner No. 1) \***

John  
First Name

Johnson  
Last Name

**E-mail \***

jles53@gmail.com

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

12/31/2020

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

Hoyt

First Name

Simmons

Last Name

**E-mail \***

hsimmons45@yahoo.com

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

12/31/2021

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

Brett

First Name

Weldy

Last Name

**E-mail \***

bweldy72@gmail.com

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

12/31/2020

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

Mark

First Name

Zambardino

Last Name

**E-mail \***

Mark.Zambardino@camelliahomes.com

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

12/31/2021

**Name of ESD Commissioner (Commissioner No. 5) \***

<input type="text" value="Vacant"/>	<input type="text"/>
First Name	Last Name

**E-mail \***

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

**Name of ESD's legal counsel \***

<input type="text" value="Hubert"/>	<input type="text" value="Oxford, IV"/>
First Name	Last Name

**Address**

Street Address

Street Address Line 2

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

<input type="text" value="77706"/>	<input style="border: 2px solid black;" type="text" value="United States"/>
Postal / Zip Code	Country

**Phone Number**

<input type="text" value="409"/>	-	<input type="text" value="951-4721"/>
Area Code		Phone Number

**E-mail \***

hoxfordiv@benoxford.com

**Name of ESD's general manager, executive director or administrator (N/A if none)**

Chris

First Name

Gonzales

Last Name

**E-mail**

cgonzales@jcesd1.org

**Name of fire chief or EMS CEO**

Chris

First Name

Gonzales

Last Name

**E-mail**

cgonzales@jcesd1.org

**Names of Other Consultant**

Roger

First Name

Crowley

Last Name

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

Auditor

**E-mail**

**Names of Other Consultant**

First Name

Last Name

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

**E-mail**

**Question or comment**

**Submit Form**