

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) *

Burnet County ESD No. 6

County or Counties in Which ESD is Located *

Burnet

ESD Business Address *

606 Avenue U

Street Address

Street Address Line 2

Marble Falls

City

Texas

State / Province

78654

Postal / Zip Code

United States

Country

ESD email *

president@burnetcountyesd6.org

ESD phone *

830	-	798-8787
Area Code		Phone Number

ESD website

www.burnetcountyesd6.org

Type of ESD *

- Fire
- Emergency Medical Service
- Both

Annual ESD Budget *

467200

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

\$0.0725/\$100

Population of ESD

uncounted, rural area

Area (sq. miles) of ESD

123

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)

2%

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) *

J. Don

First Name

McAlpin

Last Name

E-mail *

vicepresident@burnetcountyesd6.org

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

12/31/20

Name of ESD Secretary (Commissioner No. 3) *

Robyn

First Name

Richter

Last Name

E-mail *

secretary@burnetcountyesd6.org

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

12/31/2021

Name of ESD Treasurer (Commissioner No. 4) *

Herb

First Name

Holloway

Last Name

E-mail *

treasurer@burnetcountyesd6.org

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

12/31/21

Name of ESD Commissioner (Commissioner No. 5) *

Londa	Chandler
First Name	Last Name

E-mail *

assistanttreasurer@burnetcountyesd6.org

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

12/31/20

Name of ESD's legal counsel *

Ken	Campbell
First Name	Last Name

Address

P.O. Box 26300
Street Address

Street Address Line 2

Austin	Texas
City	State / Province

79755	United States
Postal / Zip Code	Country

Phone Number

512	-	338-5322
Area Code		Phone Number

E-mail *

kcampbell@bajb.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

Michael

First Name

Phillips

Last Name

E-mail

mfavfd@nctv.com

Names of Other Consultant

Charity

First Name

Taber

Last Name

Service provided (i.e. audit)

audit

E-mail

charity@nctv.com

Names of Other Consultant

Paula

First Name

Barr

Last Name

Service provided (i.e. audit)

SUT

E-mail

paula@salestaxassurance.com

Question or comment

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