

# 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) \***

Bexar County ESD, No. 6

**County or Counties in Which ESD is Located \***

Bexar

**ESD Business Address \***

2220 S. Loop 1604 East

Street Address

Street Address Line 2

San Antonio

City

Texas

State / Province

78264

Postal / Zip Code

United States

Country

**ESD email \***

[bcesd6@sbcglobal.net](mailto:bcesd6@sbcglobal.net)

**ESD phone \***

210 - 6269999  
Area Code Phone Number

**ESD website**

esd6.org

**Type of ESD \***

- Fire
- Emergency Medical Service
- Both

**Annual ESD Budget \***

9,614,925

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

.10

**Population of ESD**

40,000

**Area (sq. miles) of ESD**

212

**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)**

1 1/2

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

Sheila	Staggs
First Name	Last Name

**E-mail \***

admin@esd6.org

**Phone Number \***

210	6269999
Area Code	Phone Number

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

Sofia	Castillo
First Name	Last Name

**E-mail \***

scastillo@esd6.org

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

12/31/2014

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

Isaac

First Name

Griego

Last Name

**E-mail \***

igriego@esd6.org

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

12/31/2013

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

Edgar

First Name

Castillo

Last Name

**E-mail \***

ecastillo@esd6.org

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

12/31/2015

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

Christopher

First Name

Cavazos

Last Name

**E-mail \***

ccavazos@esd6.org

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

12/31/2014

**E-mail**

**Names of Other Consultant**

First Name

Last Name

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

**E-mail**

**Question or comment**

**Submit Form**

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