

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) *

Hidalgo County ESD No. 3

County or Counties in Which ESD is Located *

Hidalgo County

ESD Business Address *

21661 East Highway 186

Street Address

Street Address Line 2

Edinburg

City

Texas

State / Province

78539

Postal / Zip Code

United States

Country

ESD email *

ESD phone *

956

-

739-6842

Area Code

Phone Number

ESD website**Type of ESD ***

Fire

Emergency Medical Service

Both

Annual ESD Budget *

\$438,000.00

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

\$0.0245/\$100

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

600 sq. miles

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 *

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

E-mail *

Phone Number *

<input type="text" value="956"/>	<input type="text" value="739-6842"/>
Area Code	Phone Number

Name of ESD President (Commissioner No. 1) *

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

E-mail *

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

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

Aaron

First Name

Vela

Last Name

E-mail *

aaron@velalaw.com

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

12/31/2021

Name of ESD Secretary (Commissioner No. 3) *

Travis

First Name

Richards

Last Name

E-mail *

redgate1@sbcglobal.com

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

12/31/2020

Name of ESD Treasurer (Commissioner No. 4) *

Patrick

First Name

Eronini

Last Name

E-mail *

okeyeronini@gmail.com

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

12/31/2020

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 Line 2

City

State / Province

Postal / Zip Code

Country

Phone Number

-

Area Code

Phone Number

E-mail *

fpradolaw@msn.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

Kenneth Ponce

First Name

Last Name

E-mail

kponce@hidalgocountyems.org

Names of Other Consultant

Oscar Gonzalez

First Name

Last Name

Service provided (i.e. audit)

audit

E-mail

Names of Other Consultant

First Name

Last Name

Service provided (i.e. audit)

E-mail

Question or comment

Submit Form