

# ESD Reporting Form - Jan. 1, 2019

Information in this form satisfies reporting requirements under Chapter 775 of the Health and Safety Code. Submit this form directly to the Texas Division of Emergency management at SOC2@dps.texas.gov.

**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 \***

example@example.com

**ESD phone \***

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)**

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

First Name

Last Name

**E-mail \***

example@example.com

**Phone Number \***

Area Code Phone Number

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

First Name Last Name

**E-mail \***

example@example.com

**Term Expires (example: 12/31/16) \***

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

First Name Last Name

**E-mail \***

example@example.com

**Term Expires (example: 12/31/16) \***

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

First Name Last Name

**E-mail \***

example@example.com

**Term Expires (example: 12/31/16) \***

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

First Name      Last Name

**E-mail \***

example@example.com

**Term Expires (example: 12/31/16) \***

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

First Name      Last Name

**E-mail \***

example@example.com

**Term Expires (example: 12/31/16) \***

**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 \*

example@example.com

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

First Name

Last Name

## E-mail

example@example.com

## Name of fire chief or EMS CEO

First Name

Last Name

## E-mail

example@example.com

**Names of Other Consultant**

First Name      Last Name

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

**E-mail**

example@example.com

**Names of Other Consultant**

First Name      Last Name

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

**E-mail**

example@example.com

SUBMIT BUTTON IS INACTIVE  
IN THIS FORM.  
EMAIL COMPLETED FORM TO  
SOC2@dps.texas.gov