

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) *

MEDINA COUNTY ESD #5

County or Counties in Which ESD is Located *

MEDINA

ESD Business Address *

PO Box 144

Street Address

211 Pearson

Street Address Line 2

Natalia

City

78059

Postal / Zip Code

Texas

State / Province

United States

Country

ESD email *

mcesd5lizcargile@aol.com

example@example.com

ESD phone *

830

665-6208

Area Code Phone Number

ESD website

n/a

Type of ESD *

- Fire
- Emergency Medical Service
- Both

Annual ESD Budget *

314,499.00

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

.10/\$100.00

Population of ESD

10,636

Area (sq. miles) of ESD

45

Does your ESD collect a sales tax?


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 *

Elizabeth

Cargile

First Name

Last Name

E-mail *

mcesd5lizcargile@aol.com

example@example.com

Phone Number *

830 665-6208

Area Code Phone Number

Name of ESD President (Commissioner No. 1) *

Manuel Rodriguez

First Name Last Name

E-mail *

mcesd5rodriguez@yahoo.com

example@example.com

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

12/31/2020

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

JW Petrash

First Name Last Name

E-mail *

jwpetrash12@yahoo.com

example@example.com

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

12/31/2020

Name of ESD Secretary (Commissioner No. 3) *

Elizabeth Cargile

First Name Last Name

E-mail *

mcesd5lizcargile@aol.com

example@example.com

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

12/31/2019

Name of ESD Treasurer (Commissioner No. 4) *

Maria Sanchez

First Name Last Name

E-mail *

ernestmaria1979@gmail.com

example@example.com

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

12/31/2020

Name of ESD Commissioner (Commissioner No. 5) *

Cathy Gonzalez

First Name Last Name

E-mail *

nataliafivecg@gmail.com

example@example.com

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

12/31/2019

Name of ESD's legal counsel *

Ken Campbell

First Name Last Name

Address

PO Box 26300

Street Address

Street Address Line 2

Austin

City

78755-6300

Postal / Zip Code

Texas

State / Province

United States

Country

Phone Number

512 338-5322

Area Code Phone Number

E-mail *

kcampbell@bajb.com

example@example.com

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

n/a

First Name

Last Name

E-mail

example@example.com

Name of fire chief or EMS CEO

Chuck Brown

First Name

Last Name

E-mail

nataliavfd@gmail.com

example@example.com

Names of Other Consultant

Lytle VFD

First Name Last Name

Service provided (i.e. audit)

Fire Service Provider

E-mail

lytlebfd@yahoo.com

example@example.com

Names of Other Consultant

EDE & Co.

First Name Last Name

Service provided (i.e. audit)

auditor

E-mail

edecpa@hotmail.com

example@example.com

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

Submit

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