Emergency Services District (ESD) Reporting Form Jan. 1, 2021

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, 2021.

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) *

Harris County ESD No. 50

County or Counties in Which ESD is Located *

Harris

ESD Business Address *

1210 Dell Dale
Street Address

Street Address Line 2

Channelview Texas
City State / Provinces

77530 United States
Postal / Zip Code Country

ESD email *

02305@smithmur.com
ESD phone

281 - 452-5782
Area Code Phone Number

ESD website

Type of ESD
- Fire
- Emergency Medical Service
- Both

Annual ESD Budget
$10,053,098

Tax rate (most recently adopted; i.e., $0.10/$100)
$0.05/$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: Christi Schaeffer
E-mail: cschaeffer@smithmur.com
Phone Number: 713-652-6500

Name of ESD President (Commissioner No. 1): Jim Owens
E-mail: jowens@channelviewfire.com
Term Expires (example: 12/31/20): 05/07/22
ESD Reporting Form - Jan. 1, 2021

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

Benjamin Ballew
First Name Last Name

E-mail *
bballew@channelviewfire.com

Term Expires (example: 12/31/19) *
05/04/24

Name of ESD Secretary (Commissioner No. 3) *

Brenda Biggers
First Name Last Name

E-mail *
bbiggers@channelviewfire.com

Term Expires (example: 12/31/19) *
05/07/22

Name of ESD Treasurer (Commissioner No. 4) *

Michael Burr
First Name Last Name

E-mail *
mburr@channelviewfire.com

Term Expires (example: 12/31/19) *
05/04/24
Name of ESD Commissioner (Commissioner No. 5)

**Alma Cedillo**

First Name | Last Name
---|---

**E-mail**

acedillo@channelviewfire.com

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

05/07/22

Name of ESD's legal counsel

**Scott Smith**

First Name | Last Name
---|---

Address

**2727 Allen Parkway**

Street Address

**Suite 1100**

Street Address Line 2

**Houston**

City

**77019**

Postal / Zip Code

Texas

State / Province

United States

Country

Phone Number

713 - 652-6500

Area Code | Phone Number
E-mail
ssmith@smithmur.com

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

E-mail

Name of fire chief or EMS CEO
First Name  Last Name

E-mail

Names of Other Consultant
First Name  Last Name

Service provided (i.e. audit)
Submit Form

Must be using Adobe Reader to submit form.