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) *

Comal County ESD No. 3

County or Counties in Which ESD is Located *

Comal

ESD Business Address *

1074 Scissortail

Street Address Line 2

Canyon Lake

City

Texas

State / Province

78133

Postal / Zip Code

United States

Country

ESD email *

mail@canyonlakefire-ems.org
ESD phone

830 - 907-2922

ESD website

www.canyonlakefire-ems.org

Type of ESD

- Fire
- Emergency Medical Service
- Both

Annual ESD Budget

$9,878,268

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

0.077

Population of ESD

29,000

Area (sq. miles) of ESD

250

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)

0.01
Name of Person Completing this Form

Angela Hemphill
First Name Last Name

E-mail
angela.hemphill@ccesd3.org

Phone Number
830 907-2922
Area Code Phone Number

Name of ESD President (Commissioner No. 1)

Don Wagner
First Name Last Name

E-mail
don.wagner@ccesd3.org

Term Expires (example: 12/31/20)
12/31/21
ESD Reporting Form - Jan. 1, 2021

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

Jane Bowen

E-mail *

jane.bowen@ccesd3.org

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

12/31/2021

Name of ESD Secretary (Commissioner No. 3) *

Susan Shirley-Menzel

E-mail *

susan.shirleymenzel@ccesd3.org

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

12/31/2021

Name of ESD Treasurer (Commissioner No. 4) *

Alan Stahlman

E-mail *

alan.stahlman@ccesd3.org

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

12/31/2020
Name of ESD Commissioner (Commissioner No. 5) *
Holly Gill
First Name Last Name

E-mail *
holly.gill@ccesd3.org

Term Expires (example: 12/31/19) *
12/31/2020

Name of ESD's legal counsel *
Ken Campbell
First Name Last Name

Address
4807 Spicewood Springs Rd Bldg 4 #100
Street Address

Street Address Line 2

Austin
City

Texas
State / Province

78759
Postal / Zip Code

United States
Country

Phone Number
512 - 338-5322
Area Code Phone Number
<table>
<thead>
<tr>
<th>Name of ESD’s general manager, executive director or administrator (N/A if none)</th>
<th>First Name</th>
<th>Last Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Angela</td>
<td>Hemphill</td>
<td></td>
</tr>
<tr>
<td>E-mail</td>
<td><a href="mailto:KCampbell@bajb.com">KCampbell@bajb.com</a></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of fire chief or EMS CEO</th>
<th>First Name</th>
<th>Last Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Darren</td>
<td>Brinkkoeter</td>
<td></td>
</tr>
<tr>
<td>E-mail</td>
<td><a href="mailto:firechief@ccesd3.org">firechief@ccesd3.org</a></td>
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<table>
<thead>
<tr>
<th>Names of Other Consultant</th>
<th>First Name</th>
<th>Last Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mike</td>
<td>DelToro</td>
<td></td>
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<tr>
<th>Service provided (i.e. audit)</th>
<th></th>
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<tbody>
<tr>
<td>Audit</td>
<td></td>
</tr>
</tbody>
</table>
E-mail
mdeltoro@abipcpa.com

Names of Other Consultant

First Name
Last Name

Service provided (i.e. audit)

E-mail

Question or comment

Submit Form
Must be using Adobe Reader to submit form.