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 Emergency Services District No. 25

County or Counties in Which ESD is Located *

Harris

ESD Business Address *

4105 Lauder Road

Street Address

Street Address Line 2

Houston

City

77039

Postal / Zip Code

Texas

State / Province

United States

Country

ESD email *

Information@hcesd25.org
ESD phone *
713 - 984-8222
Area Code  Phone Number

ESD website
www.hcesd25.org

Type of ESD *
○ Fire
○ Emergency Medical Service
○ Both

Annual ESD Budget *
$1,836,597

Tax rate (most recently adopted; i.e., $0.10/$100) *
$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 *
Nicole Pierce
First Name Last Name

E-mail *
pierce@coveler.com

Phone Number *
713 984-8222
Area Code Phone Number

Name of ESD President (Commissioner No. 1) *
Royce Sunday
First Name Last Name

E-mail *
sundaysafety@gmail.com

Term Expires (example: 12/31/20) *
5/31/2024
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Name of ESD Vice President (Commissioner No. 2) *

Vester Melancon

First Name Last Name

E-mail *

Information@hcesd25.org

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

5/31/2024

Name of ESD Secretary (Commissioner No. 3) *

Carol King McGee

First Name Last Name

E-mail *

Information@hcesd25.org

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

5/31/2024

Name of ESD Treasurer (Commissioner No. 4) *

Shirley Cody

First Name Last Name

E-mail *

Information@hcesd25.org

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

5/31/2022
Name of ESD Commissioner (Commissioner No. 5) *
David Lindeen
First Name Last Name

E-mail *
megderek1@att.net

Term Expires (example: 12/31/19) *
5/31/2022

Name of ESD’s legal counsel *
Adam Tabak
First Name Last Name

Address
Covelar & Peeler, P.C.
Street Address
820 Gessner, Suite 1710
Street Address Line 2
Houston Texas
City State / Province
77024 United States
Postal / Zip Code Country

Phone Number
713 - 984-8222
Area Code Phone Number
E-mail *

**tabak@coveler.com**

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

**Alice Skinner**

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

E-mail

**sargeskinner@att.net**

Name of fire chief or EMS CEO

**William Goodroe**

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

E-mail

**w.goodroe@westfield-fire.com**

Names of Other Consultant

**Jim Towey**

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

Service provided (i.e. audit)

**Bookkeeping**
E-mail
pcjst76@gmail.com

Names of Other Consultant

Steven
First Name

Drenth
Last Name

Service provided (i.e. audit)
Auditor

E-mail
sdrenth@melton-melton.com

Question or comment

Submit Form
Must be using Adobe Reader to submit form.