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) *

SAN JACINTO COUNTY ESD

County or Counties in Which ESD is Located *

SAN JACINTO

ESD Business Address *

20 HILL AVE
Street Address

Street Address Line 2

COLDSPRING Texas
City State / Province

77331 United States
Postal / Zip Code Country

ESD email *

sjcesd@eastex.net
ESD phone

936 - 653-3911
Area Code  Phone Number

ESD website
www.sjcesd.org

Type of ESD
○ Fire
○ Emergency Medical Service
○ Both

Annual ESD Budget
2,348,000

Tax rate (most recently adopted; i.e., $0.10/$100)
.10

Population of ESD
28,000

Area (sq. miles) of ESD
628

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)
1/2 percent
Name of Person Completing this Form

DENISE LEWIS

First Name Last Name

E-mail

d.lewis@sjcesd.com

Phone Number

936 581-1483

Area Code Phone Number

Name of ESD President (Commissioner No. 1)

JAY CAPERS

First Name Last Name

E-mail

capersjm@icloud.com

Term Expires (example: 12/31/20)

12/31/20
**Name of ESD Commissioner (Commissioner No. 5)**

<table>
<thead>
<tr>
<th>First Name</th>
<th>Last Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>TAMMY</td>
<td>RUSSELL</td>
</tr>
</tbody>
</table>

**E-mail**

t.russell@sjcesd.com

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

12/31/20

**Name of ESD's legal counsel**

<table>
<thead>
<tr>
<th>First Name</th>
<th>Last Name</th>
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<tbody>
<tr>
<td>JOHN</td>
<td>PEELER</td>
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</tbody>
</table>

**Address**

TWO MEMORIAL CITY PLAZA

820 GESSNER, SUITE 1710

**Phone Number**

<table>
<thead>
<tr>
<th>Area Code</th>
<th>Phone Number</th>
</tr>
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<tbody>
<tr>
<td>713</td>
<td>984-2222</td>
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</table>
E-mail
peeler@coveler.com

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

DENISE LEWIS
First Name Last Name

E-mail
d.lewis@sjcesd.com

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)

Names of Other Consultant

First Name | Last Name

Service provided (i.e. audit)

E-mail

Question or comment

Submit Form

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