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) *

Burnet County ESD No. 2

County or Counties in Which ESD is Located *

Burnet County

ESD Business Address *

PO Box 249
Street Address
Street Address Line 2
Buchanan Dam Texas
City State / Province
78609 United States
Postal / Zip Code Country

ESD email *

bcesd2@cassievfd.com
ESD phone

512 - 793-2926
Area Code Phone Number

ESD website
cassievfd.com

Type of ESD *
☐ Fire
☐ Emergency Medical Service
☒ Both

Annual ESD Budget *
214,832.00

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

Population of ESD
1,500

Area (sq. miles) of ESD
23

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)
2%
Name of Person Completing this Form *
Benjamin Schneider
First Name Last Name

E-mail *
bhschneider@cassievfd.com

Phone Number *
512- 793-2926
Area Code Phone Number

Name of ESD President (Commissioner No. 1) *
Benjamin Schneider
First Name Last Name

E-mail *
bhschneider@cassievfd.com

Term Expires (example: 12/31/20) *
12/31/21
Name of ESD Vice President (Commissioner No. 2) *
Robbie Cheatham
First Name Last Name

E-mail *
rcheatham@cassievfd.com

Term Expires (example: 12/31/19) *
12/31/21

Name of ESD Secretary (Commissioner No. 3) *
Sharon Barkclay
First Name Last Name

E-mail *
sbarclay@cassievfd.com

Term Expires (example: 12/31/19) *
12/31/21

Name of ESD Treasurer (Commissioner No. 4) *
Rev. Richard Bremer
First Name Last Name

E-mail *
rbremer@cassievfd.com

Term Expires (example: 12/31/19) *
12/31/21
Name of ESD Commissioner (Commissioner No. 5) *
Donna Kiley
First Name Last Name

E-mail *
dkiley@cassievfd.com

Term Expires (example: 12/31/19) *
12/31/21

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

Address
PO Box 26300
Street Address

City
Austin

State / Province
Texas

Postal / Zip Code
78755-6300

Country
United States

Phone Number
512-338-5322
Area Code Phone Number
E-mail *
kcampbell@bajb.com

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

E-mail
N/A

Name of fire chief or EMS CEO
Derrick  Curtis
First Name  Last Name

E-mail
cassiefiredept.com

Names of Other Consultant
Charity  Tabor
First Name  Last Name

Service provided (i.e. audit)
Audit
E-mail
charity@nctv.com

Names of Other Consultant
N/A  N/A
First Name  Last Name

Service provided (i.e. audit)
N/A

E-mail
N/A

Question or comment

Submit Form
Must be using Adobe Reader to submit form.