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) *

Brazoria County Emergency Services District No. 2

County or Counties in Which ESD is Located *

Brazoria

ESD Business Address *

Brazoria Fire Department

Street Address

202 North Brooks Street

Street Address Line 2

Brazoria     Texas

City     State / Province

77422     United States

Postal / Zip Code     Country

ESD email *

tabak@coveler.com
ESD phone
713 - 984-8222
Area Code Phone Number

ESD website
www.bcesd-2.org

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

Annual ESD Budget *
$1,487,237

Tax rate (most recently adopted; i.e., $0.10/$100) *
$0.072897/$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) *
Jason McCaffety
First Name Last Name

E-mail *
jasonm@brazoria-county.com

Term Expires (example: 12/31/20) *
12/31/2020
Name of ESD Vice President (Commissioner No. 2) *
Chuck Richardson
First Name Last Name

E-mail *
chuck1620@yahoo.com

Term Expires (example: 12/31/19) *
12/31/2021

Name of ESD Secretary (Commissioner No. 3) *
Richard Allen
First Name Last Name

E-mail *
raallen410@gmail.com

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

Name of ESD Treasurer (Commissioner No. 4) *
Craig Peterson
First Name Last Name

E-mail *
peterson@pmmi-inc.com

Term Expires (example: 12/31/19) *
12/31/2021
<table>
<thead>
<tr>
<th>Name of ESD Commissioner (Commissioner No. 5) *</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Chris Motley</td>
<td></td>
</tr>
<tr>
<td>First Name</td>
<td>Last Name</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>E-mail *</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><a href="mailto:cmotleyesd2@gmail.com">cmotleyesd2@gmail.com</a></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Term Expires (example: 12/31/19) *</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>12/31/2020</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of ESD's legal counsel *</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Adam Tabak</td>
<td></td>
</tr>
<tr>
<td>First Name</td>
<td>Last Name</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Address</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Coveler &amp; Peeler, P.C.</td>
<td></td>
</tr>
<tr>
<td>Street Address</td>
<td></td>
</tr>
<tr>
<td>820 Gessner, Suite 1710</td>
<td></td>
</tr>
<tr>
<td>Street Address Line 2</td>
<td></td>
</tr>
<tr>
<td>Houston</td>
<td>Texas</td>
</tr>
<tr>
<td>City</td>
<td>State / Province</td>
</tr>
<tr>
<td>77024</td>
<td>United States</td>
</tr>
<tr>
<td>Postal / Zip Code</td>
<td>Country</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Phone Number</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>713 - 984-8222</td>
<td></td>
</tr>
<tr>
<td>Area Code</td>
<td>Phone Number</td>
</tr>
</tbody>
</table>
E-mail *

**tabak@coveler.com**

---

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

<table>
<thead>
<tr>
<th>N/A</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>First Name</td>
<td>Last Name</td>
</tr>
</tbody>
</table>

E-mail

N/A

---

Name of fire chief or EMS CEO

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>First Name</td>
<td>Last Name</td>
</tr>
</tbody>
</table>

E-mail

---

Names of Other Consultant

Lori       Buckner

| First Name | Last Name |

Service provided (i.e. audit)

Bookkeeping
E-mail
lori_buckner@mcruz.com

Names of Other Consultant
Elaine McGehee
First Name Last Name

Service provided (i.e. audit)
Auditor

E-mail
emcgehee@kmandl.com

Question or comment

Submit Form
Must be using Adobe Reader to submit form.