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. 7

County or Counties in Which ESD is Located *

Harris

ESD Business Address *

Spring FD, Administration
Street Address

656 East Louetta Road
Street Address Line 2

Spring
City

77373
Postal / Zip Code

Texas
State / Province

United States
Country

ESD email *

peeler@coveler.com
ESD phone *

281 - 350-3210
Area Code Phone Number

ESD website
www.hcesd7.org

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

Annual ESD Budget *
$25,433,364

Tax rate (most recently adopted; i.e., $0.10/$100) *
$0.0997/$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)
0.01
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) *
Bob Schmanski
First Name Last Name

E-mail *
bob.schmanski@hcesd7.org

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

Melanie Gander

First Name Last Name

E-mail *

melaine.gander@hcesd7.org

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

5/31/2024

Name of ESD Secretary (Commissioner No. 3) *

Keith Willingham

First Name Last Name

E-mail *

keith.willingham@hcesd7.org

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

5/31/2022

Name of ESD Treasurer (Commissioner No. 4) *

Todd Anderson

First Name Last Name

E-mail *

todd.anderson@hcesd7.org

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

5/31/2024
Name of ESD Commissioner (Commissioner No. 5) *

Gayle Fuller
First Name Last Name

E-mail *
gayle.fuller@hcasd7.org

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

Name of ESD's legal counsel *

John Peeler
First Name Last Name

Address

Coveler & 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

peeler@coveler.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

Scott  Seifert

First Name  Last Name

E-mail

scott.seifert@springfd.org

Names of Other Consultant

Renee  Butler

First Name  Last Name

Service provided (i.e. audit)

Bookkeeping
E-mail
rbutler@mclennanandassoc.com

Names of Other Consultant
Jill ________________________ Henze ________________________
First Name Last Name

Service provided (i.e. audit)
Auditor ________________________

E-mail
jhenze@breedlovecpa.com

Question or comment ________________________

Submit Form
Must be using Adobe Reader to submit form.