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) *

Llano County Emergency Service District #2

County or Counties in Which ESD is Located *

Llano

ESD Business Address *

PO Box 422
Street Address

Street Address Line 2

Buchanan Dam Texas
City State / Province

78609 United States
Postal / Zip Code Country

ESD email *

cel@nctv.com
ESD phone *

<table>
<thead>
<tr>
<th>Area Code</th>
<th>Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>512</td>
<td>755-1506</td>
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ESD website

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

Annual ESD Budget *

| 97000 |

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

| 03 |

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 *

Cherity Lambright
First Name Last Name

E-mail *

cel@nctv.com

Phone Number *

512 755-1506
Area Code Phone Number

Name of ESD President (Commissioner No. 1) *

Wiggie Shell
First Name Last Name

E-mail *

wcshell59@gmail.com

Term Expires (example: 12/31/20) *

12/31/22
Name of ESD Vice President (Commissioner No. 2) *

Tom ____________________________ Garrett ____________________________
First Name Last Name

E-mail *

tomsydgarrett@gmail.com

Term Expires (example: 12/31/19) *
12/31/22

Name of ESD Secretary (Commissioner No. 3) *

Cherity ____________________________ Lambright ____________________________
First Name Last Name

E-mail *

cel@nctv.com

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

Name of ESD Treasurer (Commissioner No. 4) *

Ron ____________________________ O'Brien ____________________________
First Name Last Name

E-mail *

llanoco.esd2.secretary@gmail.com

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

First Name: ___________________________ Last Name: ___________________________

E-mail *

________________________________________

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

________________________________________

Name of ESD's legal counsel *

First Name: John Last Name: Carlton

Address

2705 Bee Cave Road, Suite 200

Street Address: ___________________________

Street Address Line 2: _______________________

City: Austin State / Province: Texas

Postal / Zip Code: 78746 Country: United States

Phone Number

Area Code: 512 Phone Number: 614-0901
E-mail *

john@carltonlawaustin.com

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

N/A

First Name  Last Name

E-mail

Name of fire chief or EMS CEO

Chad  Mitchell

First Name  Last Name

E-mail

buchananvfd@skybeam.com

Names of Other Consultant

First Name  Last Name

Service provided (i.e. audit)
Submit Form

Must be using Adobe Reader to submit form.