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) *

Chambers County Emergency Services District No. 1

County or Counties in Which ESD is Located *

Chambers

ESD Business Address *

821 S. Hwy 124

Street Address

Street Address Line 2

Winnie

City

Texas

State / Province

77665

Postal / Zip Code

United States

Country

ESD email *

admin@ccesd1.net
ESD phone

409 - 296-4133

Area Code Phone Number

ESD website

www.ccesd1.net

Type of ESD *

☐ Fire

☐ Emergency Medical Service

☐ Both

Annual ESD Budget *

$639,409.97

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

$0/$100

Population of ESD

5,300

Area (sq. miles) of ESD

135

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)

$0.00625
Name of Person Completing this Form *

Hubert  Oxford
First Name  Last Name

E-mail *

hoxfordiv@benoxford.com

Phone Number *

409  951-4721
Area Code  Phone Number

Name of ESD President (Commissioner No. 1) *

David  Murrell
First Name  Last Name

E-mail *

president@ccesd1.net

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

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

<table>
<thead>
<tr>
<th>First Name</th>
<th>Last Name</th>
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<tbody>
<tr>
<td>Brad</td>
<td>Crone</td>
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</table>

E-mail *

vicepresident@ccesd1.net

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

12/31/21

Name of ESD Secretary (Commissioner No. 3) *

<table>
<thead>
<tr>
<th>First Name</th>
<th>Last Name</th>
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<tr>
<td>Troy</td>
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E-mail *

secretary@ccesd1.net

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

12/31/22

Name of ESD Treasurer (Commissioner No. 4) *

<table>
<thead>
<tr>
<th>First Name</th>
<th>Last Name</th>
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<tbody>
<tr>
<td>Chris</td>
<td>Barrow</td>
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</tbody>
</table>

E-mail *

treasurer@ccesd1.net

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

12/31/22
Name of ESD Commissioner (Commissioner No. 5) *
Kenneth Thibodeaux
First Name Last Name

E-mail *
assistanttreasurer@ccesd1.net

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

Name of ESD's legal counsel *
Hubert Oxford
First Name Last Name

Address
3535 Calder, Suite 300
Street Address
Street Address Line 2
Beaumont Texas
City State / Province
77706 United States
Postal / Zip Code Country

Phone Number
409 - 951-4721
Area Code Phone Number
E-mail *  
hoxfordiv@benoxford.com

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

E-mail
admin@ccesd1.net

Name of fire chief or EMS CEO
Greg  Hollaway
First Name  Last Name

E-mail
district21chief@gmail.com

Names of Other Consultant
Cherie  Wilber
First Name  Last Name

Service provided (i.e. audit)
Bookeeper
E-mail
ckwilber@gmail.com

Names of Other Consultant
Roger Crowley
First Name Last Name

Service provided (i.e. audit)
Audit

E-mail
roger@jrecpa.com

Question or comment

Submit Form
Must be using Adobe Reader to submit form.