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) *

HARRISON COUNTY EMERGENCY SERVICES DISTRICT NO. 3

County or Counties in Which ESD is Located *

HARRISON

ESD Business Address *

9432 US HIGHWAY 80 EAST
Street Address

Street Address Line 2

MARSHALL Texas
City State / Province

75670 United States
Postal / Zip Code Country

ESD email *

INFO@ESD3FIRERESCUE.COM
ESD phone *
903 - 9383733
Area Code Phone Number

ESD website
https://www.harrisoncoesd3.com/

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

Annual ESD Budget *
727557

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

Population of ESD
6500

Area (sq. miles) of ESD
200

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 *
KEITH PURVIS
First Name Last Name

E-mail *
KPURVIS@ESD3FIREESCUE.COM

Phone Number *
903 9262500
Area Code Phone Number

Name of ESD President (Commissioner No. 1) *
STUART AGNOR
First Name Last Name

E-mail *
INFO@ESD3FIREESCUC.COM

Term Expires (example: 12/31/20) *
12/31/22
Name of ESD Vice President (Commissioner No. 2) *

CHARLENE  GRAFF
First Name  Last Name

E-mail *
INFO@ESD3FIRERESCUE.COM

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

Name of ESD Secretary (Commissioner No. 3) *

SHIRLEY  SHIVERS
First Name  Last Name

E-mail *
INFO@ESD3FIRERESCUE.COM

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

Name of ESD Treasurer (Commissioner No. 4) *

KEITH  PURVIS
First Name  Last Name

E-mail *
KPURVIS@ESD3FIRERESCUE.COM

Term Expires (example: 12/31/19) *
12/31/22
Name of ESD Commissioner (Commissioner No. 5) *

KEITH  HILL
First Name  Last Name

E-mail *
INFO@ESD3FIRERESCUE.COM

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

Name of ESD's legal counsel  *

JIM  AMMERMAN
First Name  Last Name

Address

209 WEST RUSK
Street Address

Street Address Line 2

MARSHALL  Texas
City  State / Province

75670  United States
Postal / Zip Code  Country

Phone Number

903  9382398
Area Code  Phone Number
E-mail *
wrusk209@swbell.net

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

KEITH PURVIS
First Name Last Name

E-mail
KPURVIS@ESD3FIRERESCUE

Name of fire chief or EMS CEO

JOHN PRITCHARD
First Name Last Name

E-mail
jcpritchard@esd3firerescue.com

Names of Other Consultant

First Name Last Name

Service provided (i.e. audit)

E-mail

________________________

Names of Other Consultant

First Name          Last Name

Service provided (i.e. audit)

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E-mail

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Question or comment

________________________

Submit Form

Must be using Adobe Reader to submit form.