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) *

Williamson County ESD No 1

County or Counties in Which ESD Is Located *

Williamson

ESD Business Address *

PO Box 523
Street Address

301 South Patterson
Street Address Line 2

Florence Texas
City State / Province

76527 United States
Postal / Zip Code Country

ESD email *

admin@wilcoesd7.org
ESD phone *
254 - 7932590
Area Code Phone Number

ESD website
www.wilcoesd7.org

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

Annual ESD Budget *
771,181

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

Population of ESD
9000

Area (sq. miles) of ESD
134

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)
2 percent
Name of Person Completing this Form *

Amy Crane
First Name Last Name

E-mail *
acrane@wilcoesd7.org

Phone Number *
254 793-2590
Area Code Phone Number

Name of ESD President (Commissioner No. 1) *

John Fenoglio
First Name Last Name

E-mail *
jfenoglio@wilcoesd7.org

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

12/31/2021
Name of ESD Vice President (Commissioner No. 2) *

Sandra Simpson
First Name Last Name

E-mail *
ssimpson@wilcoesd7.org

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

Name of ESD Secretary (Commissioner No. 3) *

Keith Couch
First Name Last Name

E-mail *
kcouch@wilcoesd7.org

Term Expires (example: 12/31/19) *
12/31/20

Name of ESD Treasurer (Commissioner No. 4) *

Laura Anderson
First Name Last Name

E-mail *
landerson@wilcoesd7.org

Term Expires (example: 12/31/19) *
12/31/20
**Name of ESD Commissioner (Commissioner No. 5)**

<table>
<thead>
<tr>
<th>First Name</th>
<th>Last Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amber</td>
<td>Roberson</td>
</tr>
</tbody>
</table>

**E-mail**

aroberman@wilcoesd7.org

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

12/31/2021

**Name of ESD's legal counsel**

<table>
<thead>
<tr>
<th>First Name</th>
<th>Last Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ken</td>
<td>Campbell</td>
</tr>
</tbody>
</table>

**Address**

4807 Spicewood Springs Rd. Bldg 4, Suite

**Street Address**

**Street Address Line 2**

**Austin**

City

78759

Postal / Zip Code

**Texas**

State / Province

United States

Country

**Phone Number**

<table>
<thead>
<tr>
<th>Area Code</th>
<th>Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>512</td>
<td>338-5322</td>
</tr>
</tbody>
</table>
E-mail *  
kcampbell@bajb.com

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

E-mail  
rshelton@wilcoesd7.org

Name of fire chief or EMS CEO  
Robert Shelton  
First Name Last Name

E-mail  
rshelton@wilcoesd7.org

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)


E-mail


Question or comment

Submit Form

Must be using Adobe Reader to submit form.