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) *

Comal County ESD5

County or Counties in Which ESD is Located *

Comal

ESD Business Address *

353 Rodeo Dr.

Street Address

Street Address Line 2

Spring Branch

City

Texas

State / Province

78070

Postal / Zip Code

United States

Country

ESD email *

president@ccesd5.com
ESD phone

Area Code: 830  Phone Number: 228-4501

ESD website
https://ccesd5.com

Type of ESD
- Fire
- Emergency Medical Service
- Both

Annual ESD Budget
$2,840,564

Tax rate (most recently adopted; i.e., $0.10/$100)
$.10/$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)
1%
Name of Person Completing this Form

Kay Derrich

E-mail

kay.derrich@bsb911.com

Phone Number

830  228-4215

Name of ESD President (Commissioner No. 1)

Tom Turk

E-mail

president@ccesd5.com

Term Expires (example: 12/31/20)

12/31/2022
Name of ESD Vice President (Commissioner No. 2) *
Bob Guilbault
First Name Last Name

E-mail *
vicepresident@ccesd5.com

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

Name of ESD Secretary (Commissioner No. 3) *
Robert Evans
First Name Last Name

E-mail *
secretary@ccesd5.com

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

Name of ESD Treasurer (Commissioner No. 4) *
Deb Kruciak
First Name Last Name

E-mail *
treasurer@ccesd5.com

Term Expires (example: 12/31/19) *
12/31/2021
Name of ESD Commissioner (Commissioner No. 5) *

Dave Geisbush

First Name Last Name

E-mail *

assistanttreasurer@ccesd5.com

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

12/31/2021

Name of ESD's legal counsel *

Louis Rosenberg

First Name Last Name

Address

1024 C St.

Street Address

Street Address Line 2

Floresville Texas

City State / Province

78114 United States

Postal / Zip Code Country

Phone Number

- Phone Number
### E-mail *

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<thead>
<tr>
<th>First Name</th>
<th>Last Name</th>
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<tbody>
<tr>
<td><a href="mailto:mark.southwell@bsb911.com">mark.southwell@bsb911.com</a></td>
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### Name of ESD’s general manager, executive director or administrator (N/A if none)

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### Name of fire chief or EMS CEO

<table>
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<th>First Name</th>
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<tbody>
<tr>
<td>Mark</td>
<td>Southwell</td>
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### E-mail

mark.southwell@bsb911.com

### Names of Other Consultant

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<tr>
<td>Rick</td>
<td>Reed</td>
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### Service provided (i.e. audit)

Auditor