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) *

Bexar County ESD No. 5

County or Counties in Which ESD is Located *

Bexar

ESD Business Address *

7120 E. 6th Street
Street Address

Street Address Line 2
Somerset Texas
City State / Province

78069 United States
Postal / Zip Code Country

ESD email *

admin@bcesd5.com
ESD phone *
830 - 429-7119
Area Code Phone Number

ESD website
bexarcountyesd5.com

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

Annual ESD Budget *
3000000.

Tax rate (most recently adopted; i.e., $0.10/$100) *
10

Population of ESD
35000

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)
.25
Name of Person Completing this Form *
Sheila Staggs
First Name Last Name

E-mail *
sheila.staggs@bcesd5.com

Phone Number *
210 889-9149
Area Code Phone Number

Name of ESD President (Commissioner No. 1) *
Herschel Postert
First Name Last Name

E-mail *
herschel.postert@bcesd5.com

Term Expires (example: 12/31/20) *
12/31/2021
Name of ESD Vice President (Commissioner No. 2) *

Howard Dalros

First Name Last Name

E-mail *

howard.dalros@bcesd5.com

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

12/31/2022

Name of ESD Secretary (Commissioner No. 3) *

Robert Pierce

First Name Last Name

E-mail *

robert.pierce@bcesd5.com

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

12/31/2022

Name of ESD Treasurer (Commissioner No. 4) *

Becky Schneider

First Name Last Name

E-mail *

becky.schneider@bcesd5.com

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

12/31/2022
Name of ESD Commissioner (Commissioner No. 5) *
Andrew Flores
First Name Last Name

E-mail *
andrew.flores@bcesd5.com

Term Expires (example: 12/31/19) *
12/31/2021

Name of ESD's legal counsel *
Robert Wilson
First Name Last Name

Address
6243 IH-10 West
Street Address
Suite 1025
Street Address Line 2
San Antonio Texas
City State / Province
78201 United States
Postal / Zip Code Country

Phone Number
210 222-8899
Area Code Phone Number
E-mail

rww@sanchezwilson.com

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

Sheila Staggs
First Name Last Name

E-mail

sheila.staggs@bcesd5.com

Name of fire chief or EMS CEO

Gary Estep
First Name Last Name

E-mail

district5chief@bcesd5.com

Names of Other Consultant

Robert Carter
First Name Last Name

Service provided (i.e. audit)

audit
E-mail
carterjr@lealcarter.com

Names of Other Consultant
Debra Quintanilla
First Name Last Name

Service provided (i.e. audit)
bookkeeper

E-mail
debra@drqcpa.com

Question or comment

Submit Form
Must be using Adobe Reader to submit form.