



ESD Reporting Form - Jan. 1, 2022

Information received from this form will be transmitted to the appropriate state agency in satisfaction of reporting requirements under Chapter 775 of the Health and Safety Code. This form is for the report required for Jan. 1, 2022. If you wish to submit a report for a different year, contact SAFE-D at admin@safe-d.org.

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) *

Medina County ESD No. 5

County or Counties in Which ESD is Located *

Medina

ESD Business Address *

211 Pearson

Street Address

PO Box 144

Street Address Line 2

Natalia

City

TX

State / Province

78059

Postal / Zip Code

United States

Country

ESD email *

mcesd5lizcargile@aol.com

ESD phone *

830 - 665-6208

Area Code Phone Number

ESD website

http://esd5.medina.tx.us/



Type of ESD *

- Fire
- Emergency Medical Service
- Both

Annual ESD Budget *

467116.00

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

0.10/\$100

Population of ESD

10636

Area (sq. miles) of ESD

45

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 *

First Name

Last Name

E-mail *

Phone Number *

Area Code

Phone Number



Name of ESD President (Commissioner No. 1) *

First Name

Last Name

E-mail *

Term Expires (example: 12/31/16) *



Name of ESD Vice President (Commissioner No. 2) *

First Name

Last Name

E-mail *

ernestmaria1979@gmail.com

Term Expires (example: 12/31/16) *

12/31/2022



Name of ESD Secretary (Commissioner No. 3) *

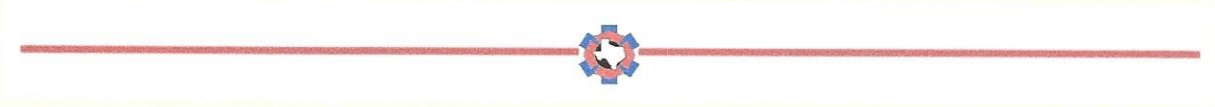
Elizabeth Cargile
First Name Last Name

E-mail *

mcesd5lizcargile@aol.com

Term Expires (example: 12/31/16) *

12/31/2023



Name of ESD Treasurer (Commissioner No. 4) *

Linda Rodriguez
First Name Last Name

E-mail *

nataliafivelr@gmail.com

Term Expires (example: 12/31/16) *

12/31/2022



Name of ESD Commissioner (Commissioner No. 5) *

Cathy

First Name

Gonzalez

Last Name

E-mail *

nataliafivecg@gmail.com

Term Expires (example: 12/31/16) *

12/31/2023



Name of ESD's legal counsel *

Ken

First Name

Campbell

Last Name

Address

4807 Spicewood Springs Road

Street Address

PO Box 26300

Street Address Line 2

Austin

City

TX

State / Province

78755

Postal / Zip Code

United States

Country

Phone Number

512

Area Code

- 338-5322

Phone Number

E-mail *

kcampbell@bajb.com



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

n/a	
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First Name Last Name

E-mail

ex: myname@example.com



Name of fire chief or EMS CEO

Chief Chuck	Brown
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First Name Last Name

E-mail

nataliavfd@gmail.com



Names of Other Consultant

Chief Matt	Dear
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First Name Last Name

Service provided (i.e. audit)

Fire protection

E-mail

lytlefire@lytlebfd.com



Names of Other Consultant

EDE and

First Name

Company

Last Name

Service provided (i.e. audit)

Audit

E-mail

edecpa@hotmail.com



Question or comment for SAFE-D:

NEW: BEFORE you click SUBMIT below, click the PRINT FORM button (below) to print the form for your records.