

ESD Reporting Form - Jan. 1, 2023

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 **January 1, 2023**. 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 *

PO BOX 144

Street Address

211 Pearson St.

Street Address Line 2

Natalia

City

TX

State / Province

78059

Postal / Zip Code

United States

Country

ESD email *

mcesd5lizcargile@aol.com

ESD phone *

830

Area Code

- 665-6208

Phone Number

ESD website

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



Type of ESD *

- Fire
- Emergency Medical Service
- Both

Annual ESD Budget *

518950.00

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

\$.10/\$100

Population of ESD

10636

Area (sq. miles) of ESD

54

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) *

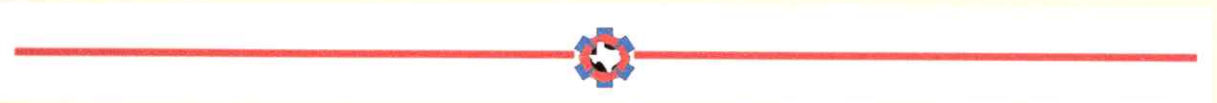
First Name

Last Name

E-mail *

Type a question

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



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

Maria

First Name

Sanchez

Last Name

E-mail *

ernestmaria1979@gmail.com

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

12/31/2024



Name of ESD Secretary (Commissioner No. 3) *

Elizabeth K.

First Name

Cargile

Last Name

E-mail *

mcesd5lizcargile@aol.com

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

12/31/2023



Name of ESD Treasurer (Commissioner No. 4) *

Linda

First Name

Rodriguez

Last Name

E-mail *

nataliafivelr@gmail.com

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

12/31/2024



Name of ESD Commissioner (Commissioner No. 5) *

First Name Last Name

E-mail *

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



Name of ESD's legal counsel *

First Name Last Name

Address

Street Address

Street Address Line 2

City State / Province

Postal / Zip Code Country

Phone Number

-
Area Code Phone Number

E-mail *

kcampbell@bajb.com



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

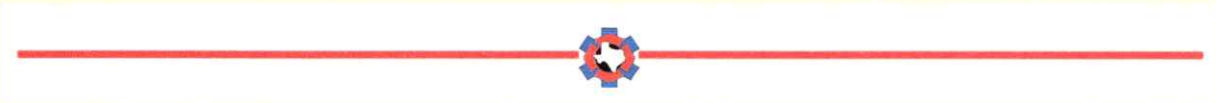
n/a

First Name

Last Name

E-mail

ex: myname@example.com



Name of fire chief or EMS CEO

Chuck

First Name

Brown

Last Name

E-mail

nataliavfd@gmail.com



Names of Other Consultant

Matt

First Name

Dear

Last Name

Service provided (i.e. audit)

Fire Service-Chief

E-mail

lytlefire@lytlebfd.com



Names of Other Consultant

Donna

First Name

Ede

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.