## TEXAS EMERGENCY SERVICES RETIREMENT SYSTEM FORM 602A-2024: March 1, 2024 to February 28, 2025 ANNUAL REPORT OF LOCAL BOARD MEMBERSHIP AND AUTHORIZED USERS

1. DEPARTMENT:												
DEPT NAME:					CHIEF:							
MAILING ADDRESS:								CHIEF'S EMAIL:				
DELIVERY ADDRI					CHIEF'S PHONE:							
ADDRESS CITY				STATE ZIP								
2. LOCAL BOARD MEMBERSHIP:												
Term 3/1/2024 to	0 2/28/2025	Name	me:					Phone:				
	0 2, 20, 2020	E-mail						inonei				
OFFICER >		-		REPRESENTS >								
Term 3/1/2024 t	o 2/28/2025	Name	ime:					Phone:				
		E-mail	E-mail:									
OFFICER >					REPR	ESENTS >						
Term 3/1/2024 to	o 2/28/2025	Name:						Phone:				
		E-mail										
OFFICER >					REPR	ESENTS >						
Term 3/1/2024 t	o 2/28/2026	Name	Name: Phone:									
		E-mail										
OFFICER >					REPR	ESENTS >						
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Term 3/1/2024 t	o 2/28/2026	Name	:			Phone:						
		E-mail	:									
OFFICER >				REPRESENTS >								
Torm 2/1/2024 t	0.2/28/2026	Name						Phone:				
Term 3/1/2024 to 2/28/2026		E-mail:						Filone.				
OFFICER >			-		REPR	ESENTS >						
3. AUTHORIZED USERS: • Authorization Period: 3/1/2024 to 2/28/2025												
Name :						E-mail:						
Name :		E-ma				E-mail:						
4. CERTIFICATION AND SIGNATURE												
Local Board		y signature below, I cer	ertify that the Local Board met in accordance with 34TAC §310.5 and §310.8 The Local Board reviewed the TESRS Pension System Security Policy and									
Meeting Date: ➤	implemented processes with respect to accessing the Department's information in the System's database which protect member information, including electronic data.							n in the Pensic	n			
SIGNATURE:		3		in protect			aon, moru	any elect	DATE:	u.		
				PRINTED NAME								
SIGNATURE:				DATE:								
Local Board				PRINTED NAME								

## E-MAIL TO: <a href="mailto:benefitsteam@tesrs.texas.gov">benefitsteam@tesrs.texas.gov</a>