

CERTIFICATE OF INTERESTED PARTIES

FORM 1295

1 of 1

Complete Nos. 1 - 4 and 6 if there are interested parties.
 Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

**OFFICE USE ONLY
 CERTIFICATION OF FILING**

1 Name of business entity filing form, and the city, state and country of the business entity's place of business.

Superior Alarms
 McAllen, TX United States

Certificate Number:
 2017-187696

Date Filed:
 04/04/2017

2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed.

Hidalgo County District Attorney-H.I.D.T.A. Task Force

Date Acknowledged:
 04/04/2017

3 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract.

Req # 338454
 Security Monitoring Services

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	Yoder, Alan	McAllen, TX United States	X	

5 Check only if there is NO Interested Party.

6 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the above disclosure is true and correct.

 Signature of authorized agent of contracting business entity

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

 Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

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			Controlling	Intermediary
	Yoder, Alan	McAllen, TX United States	X	

5 Check only if there is NO interested party.

6 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the above disclosure is true and correct.



Delia Alonzo

Signature of authorized agent of contracting business entity

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Delia Alonzo, this the 4th day of April, 2017, to certify which, witness my hand and seal of office.

Dwight F. Yoder

Signature of officer administering oath

Dwight F. Yoder

Printed name of officer administering oath

Notary

Title of officer administering oath

COMMERCIAL ALARM MONITORING AGREEMENT

ACCOUNT NUMBER _____ COMMUNICATOR MAKE & MODEL DATE ON LINE _____ DEALER Superior Flor COMPANY

SUBSCRIBER
HIDTA
 NAME P.O. Box 5719
 ADDRESS McAllen TX 78502
 CITY STATE ZIP CODE
 TEL. NO. 956-381-0444
 FAX NO. () _____ S.S. NO. _____
 TOLL FREE _____ Email _____

Superior Alarms
 600 Ash Avenue, McAllen, TX 78501
 Ph. (956) 682-6005
 FAX (956) 213-1179

LOCATION OF ALARM DEVICES
 Physical Address 3100 S. Closner City Edinburg State TX Zip 78539
 Directions to Subscriber's Location: _____

CONDITIONS MONITORED
 Fire Hold-up Burglar Panic Low Battery Medical Close Open Other _____

TYPE OF INSTALLATION
 Business Warehouse Office Store Factory Other _____

CODES ZONES / DESCRIPTIONS (ATTACH SEPARATE SHEET OF PAPER IF NECESSARY)

ALARM CODE	ALARM ZONE	CONDITION	COMMENTS / AREA PREMISES INSTRUCTIONS	VERIFY		ADJUST		ALARM CODE	ALARM ZONE	CONDITION	COMMENTS / AREA PREMISES INSTRUCTIONS	VERIFY		ADJUST	
				YES	NO	YES	NO					YES	NO	YES	NO

LOCAL AUTHORITIES TO BE NOTIFIED

CODE	AUTHORITY	NAME	TELEPHONE NUMBER
	Local Police Department	<u>Edinburg Police Dept.</u>	() _____
	Local Fire Department	_____	() _____
	Other	_____	() _____
	Other	_____	() _____

AUTHORIZED INDIVIDUALS TO BE NOTIFIED
 IN ORDER OF PRIORITY (individuals to be notified in the event of an alarm condition. Calls are made in sequence until contact is made.)

	NAME	PRIMARY PHONE # (Desc)	ALTERNATE PHONE # (Desc)	CODE WORD
1		() _____	() _____	
2	<u>See Exhibit "A"</u>	() _____	() _____	
3		() _____	() _____	
4		() _____	() _____	
5		() _____	() _____	

Phone Descriptions are: B = Beeper, C = Car, D = Digital Pager, H = Home, W = Work, V = Voice Pager

FOR OPEN / CLOSE MONITORING ONLY

Check for appropriate open/close:
 Log only (no action) Supervised (action outside specified timed) Action to be taken _____
 Supervised schedule below: use your local time.

	SUN	MON.	TUES.	WED.	THURS.	FRI.	SAT.
OPEN							
CLOSE							

Early Open Allowance _____
 Late Open Allowance _____
 Late Close Allowance _____
 Mailed to: _____

Activity Report Yes No Monthly

FEES • TERMS • PAYMENTS

INITIAL TERM: 3 Year(s) Annual Fee \$ 420.00 + tax
36 No. of payments equal payments of \$ 35.00, each payable monthly on the 1st day of every month, beginning April 2017, and continuing regularly and monthly thereafter.

Subject to Terms and Conditions of this Agreement (including those on the reverse side), the Subscriber agrees to subscribe for monitoring by Company.
SUBSCRIBER MUST SIGN IN THREE PLACES

SIGNATURE OF SUBSCRIBER _____ DATE _____

ACCEPTED:
 By _____ Title _____
 Date _____

For Office Use Only Typed by _____ Checked by _____

APPROVED BY COMMISSIONERS' COURT ON: _____

WHITE - SUPERIOR ALARMS PINK - CUSTOMER COPY
 FOR SUPERIOR CENTRAL STATION, INC. USE ONLY REV. A

Monitoring Information Approved By _____ Date _____
 Monitoring Information Entered By _____ Date _____
 Billing Information Completed By _____ Date _____
 Billing Information Entered By _____ Date _____
 Form Filed in Customer File by _____ Date _____

Approved by: _____
 Date _____

Y'S MOBILE PRINTING 956.687.6868 5/11



600 Ash Avenue - P.O. Drawer 3097
 McAllen, TX 78501
 State Lic. B4881 - Fire Lic. ACR-86318-816
 Tel. (956) 682-6005 - Fax 213-1179

Office Use Only	
Account #	_____
Residential	<input type="radio"/>
Commercial	<input type="radio"/>

We send the police there in a hurry!

EXHIBIT A

* Fill in the **AUTHORIZED INDIVIDUALS TO BE NOTIFIED** portion of this page.

* Please use this form to make any required changes and/or additions to your attached original **Monitoring Agreement**.

RETURN THE SIGNED AGREEMENT (WHITE AND YELLOW PAGES) TO SUPERIOR ALARMS. WE WILL SEND THE YELLOW CUSTOMER COPY TO YOU WHEN THE AGREEMENT HAS BEEN APPROVED AND PROCESSED.

LOCAL AUTHORITIES TO BE NOTIFIED			
CODE	AUTHORITY	NAME	TELEPHONE NUMBER
	Local Police Department		
	Local Fire Department		
	Other		
	Other		

AUTHORIZED INDIVIDUALS TO BE NOTIFIED			
<i>IN ORDER OF PRIORITY (Individuals to be notified in the event of an alarm condition. Calls are made in sequence until contact is made)</i>			
NAME	PRIMARY PH # & DESC.	ALTERNATE PH# & DESC.	CODE WORD
	{ }	{ }	
	{ }	{ }	
	{ }	{ }	
	{ }	{ }	
	{ }	{ }	

Phone Descriptions (DESC.) are H=Home, W=Work, C=Cellular, P=Pager

NOTES/CHANGES REQUIRED ON OTHER SECTIONS OF CONTRACT:

Challenge Questions	
Please answer at least one of the following questions. This question will be used to verify your identity in the event you forget your personal password. Once a Company Representative verifies your identity with this Challenge Question/Answer, you will be asked to change your personal password	
1. What was the last name of your favorite teacher?	_____
2. What was your childhood nickname?	_____
3. What are the last 5 digits of your driver license number?	_____
4. What street did you live on growing up?	_____
5. What did you want to be when you grew up?	_____

NAME _____

SIGNATURE _____

DATE _____



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	{ }	{ }	
	{ }	{ }	
	{ }	{ }	
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	{ }	{ }	

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1. What was the last name of your favorite teacher? _____
2. What was your childhood nickname? _____
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5. What did you want to be when you grew up? _____

NAME _____

SIGNATURE _____

DATE _____



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 Tel. (956) 682-6005 - Fax 213-1179

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	Other		
	Other		

AUTHORIZED INDIVIDUALS TO BE NOTIFIED			
IN ORDER OF PRIORITY (Individuals to be notified in the event of an alarm condition. Calls are made in sequence until contact is made)			
NAME	PRIMARY PH. # & DESC.	ALTERNATE PH. # & DESC.	CODE WORD
Juan Sifuentes	(H) 956 929 8415	956 454 4486	Blue
Jorge Alvarez	(H) 956 638 2164		Blue
Frances Aguilera	(H) 956 929 3568		Blue
	()	()	
	()	()	

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Challenge Questions

Please answer at least one of the following questions. This question will be used to verify your identity in the event you forget your personal password. Once a Company Representative verifies your identity with this Challenge Question/Answer, you will be asked to change your personal password

1. What was the last name of your favorite teacher? _____
2. What was your childhood nickname? _____
3. What are the last 5 digits of your driver license number? _____
4. What street did you live on growing up? FM 1015
5. What did you want to be when you grew up? _____

NAME _____

SIGNATURE _____

DATE _____

Nelda Olivarez

From: Josephine Ramirez <josephine.ramirez@da.co.hidalgo.tx.us>
Sent: Tuesday, March 14, 2017 1:59 PM
To: Nelda Olivarez
Cc: Victor Garza; Sonya Lopez
Subject: Re: FW: Superior Alarms - monitoring service agreement

I have reviewed the attached agreement and approve as to form. Further, it is my understanding that the addendum previously provided by Superior Alarms referenced in our last approval still applies to all future agreements.

Thank you,

Josephine Ramirez Solis

Assistant Criminal District Attorney

Chief - Civil Division

Office of Criminal District Attorney

Hidalgo County, Texas

100 E. Cano

Edinburg, TX 78539

(956) 292-7609 ext. 8186

(956) 318-2079 FAX

josephine.ramirez@da.co.hidalgo.tx.us

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PO #
Date: 03/15/17

Bill To: x
x

Vendor : 133655
SUPERIOR ALARMS
P. O. BOX 3097
MCALLEN TX 78502
FAX (956)971-6395

Ship To: HIDTA
3100 S. Closner
Foxtrot Bldg.
Edinburg TX 78539

Contact: JUAN SIFUENTES
956-381-0444

Contract No:

Special Instructions:
5

QUANTITY	UOM	DESCRIPTION	UNIT PRICE	AMOUNT
9.00	MONTH	APPROVED BY CC ON 04/05/2017 AI-58953 EFFECTIVE: APRIL 1, 2017- MARCH 31, 2020 DO NOT DUPLICATE ORDER MONITORING SERVICE FOR THE HIDTA TASK FORCE OFFICE 1 PANEL \$35.00 PER MONTH X 9 MONTHS = \$315.00 MAIN OFFICE & VAULT) Account No _____ 7-1252-412-00-270-012-0-413	35.00 <u>Encumbrance</u> 315.00 Freight Total	315.00 315.00
		REPORT ROAD HAZARDS 1-866-HCR-SAFE OR 1-866-427-7233		

Authorized By: _____