

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.
Saenz Brothers Construction, LLC
Donna, TX United States

Certificate Number:
2019-572319

Date Filed:
12/23/2019

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

Date Acknowledged:

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.

6547-94-0309-52-00-94-ET

Hidalgo County GLO 2015 Floods Grant 18-271-000-A923 Stormwater Relief Project Phase III

4	Name of Interested Party	City, State, Country (place of business)	Nature of Interest (check applicable)	
			Controlling	Intermediary
	Saenz, Ramon	Donna, TX United States		X
	Saenz, Arturo	Donna, TX United States		X
	Saenz, Fernando	Donna, TX United States	X	

5 Check only if there is NO Interested Party.

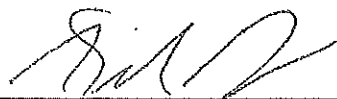
6 UNSWORN DECLARATION

My name is Fernando Saenz, and my date of birth is May 5th 1971

My address is 1501 Mackenzie Drive, Weslaco, TX, 78599, US
(street) (city) (state) (zip code) (country)

I declare under penalty of perjury that the foregoing is true and correct.

Executed in Hidalgo County, State of Texas, on the 23rd day of December, 20 19
(month) (year)



Signature of authorized agent of contracting business entity
(Declarant)

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Saenz, Ramon	Donna, TX United States		X
Saenz, Arturo	Donna, TX United States		X
Saenz, Fernando	Donna, TX United States	X	

5 Check only if there is NO Interested Party.

6 UNSWORN DECLARATION

My name is _____, and my date of birth is _____.

My address is _____ (street), _____ (city), _____ (state), _____ (zip code), _____ (country).

I declare under penalty of perjury that the foregoing is true and correct.

Executed in _____ County, State of _____, on the _____ day of _____, 20____.
(month) (year)

Signature of authorized agent of contracting business entity
(Declarant)