

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
1 Name of business entity filing form, and the city, state and country of the business entity's place of business.	CERTIFICATION OF FILING
Clarke St. Charles, IL United States	Certificate Number: 2020-578215
2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed.	Date Filed: 01/16/2020
Hidalgo County Health & Human Services	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.

E-20-004C
 Extension# (E-20-004C) Original Contract# (C18248C0212) – "Purchase of Mosquito Control Chemicals" (On an as needed basis)
 Hidalgo County

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary

5 Check only if there is NO Interested Party.

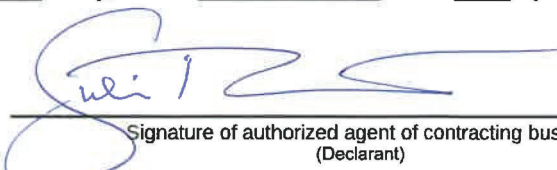
6 UNSWORN DECLARATION

My name is Julie Reiter, and my date of birth is 4/11/61.

My address is 675 Sidwell Court, Saint Charles, IL, 60174, US
(street) (city) (state) (zip code) (country)

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

Executed in Kane County, State of Illinois, on the 16th day of January, 2020.
(month) (year)



 Signature of authorized agent of contracting business entity
 (Declarant)

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Clarke
St. Charles, IL United States

Certificate Number:
2020-578215

Date Filed:
01/16/2020

2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed.
Hidalgo County Health & Human Services

Date Acknowledged:
02/07/2020

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.
E-20-004C
Extension# (E-20-004C) Original Contract# (C18248C0212) – “Purchase of Mosquito Control Chemicals” (On an as needed basis)
Hidalgo County

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary

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)