

# 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.**  
 SAFEGUARD FIRE  
 MISSION, TX United States

**Certificate Number:**  
 2020-639705

**Date Filed:**  
 07/02/2020

**2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed.**  
 Hidalgo County Pct 1 Tax Office & Courthouse Annex 4

**Date Acknowledged:**  
 07/02/2020

**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.**  
 Req #417701  
 Fire & Security Monitoring Agreements

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

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Req #417701  
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			Controlling	Intermediary
	Safeguard Fire	Mission, TX United States	<input checked="" type="checkbox"/>	<input type="checkbox"/>

5 Check only if there is NO Interested Party.


### 6 UNSWORN DECLARATION

My name is Jessica Alvarez, and my date of birth is 10/12/82.

My address is 12005 N. Bryan Rd, Mission, TX, 78573, USA.  
(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 2nd day of July, 2020.  
(month) (year)

  
 Signature of authorized agent of contracting business entity  
 (Declarant)