

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

Certificate Number:
2020-664782

Date Filed:
09/04/2020

Date Acknowledged:

1 Name of business entity filing form, and the city, state and country of the business entity's place or business.
SAFEGUARD FIRE
MISSION, TX United States

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 Security

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 #420531
Security Monitoring Agreement

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.

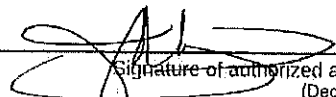
6 UNSWORN DECLARATION

My name is Jessica Alvarez, and my date of birth is 10/12/1982.

My address is 12005 N. Bryan Rd., Mission, TX, 78573, 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 4th day of September, 2020.
(month) (year)


Signature of authorized agent of contracting business entity (Declarant)

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Certificate Number:
 2020-664782

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 09/04/2020

Date Acknowledged:
 09/08/2020

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SAFEGUARD FIRE
 MISSION, TX United States

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Hidalgo County PCT 1 Tax Office Security

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Req #420531
 Security Monitoring Agreement

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			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)