

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.

CALDWELL COUNTRY CHEVROLET
Caldwell, TX United States

Certificate Number:
2021-716915

Date Filed:
02/12/2021

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

Hidalgo County

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.

Req 427000 Constable Pct. 3
Chevrolet Tahoe

4 Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
		Controlling	Intermediary
HILDEBRAND, Jon	Caldwell, TX United States	X	
HILL, Jon	Caldwell, TX United States	X	
HESTER, Zach	Caldwell, TX United States	X	
SLATER, Ryan	Caldwell, TX United States	X	
KNAPP, Averyt	Caldwell, TX United States	X	

5 Check only if there is NO Interested Party.

6 UNSWORN DECLARATION

My name is Kaybee Nelson, and my date of birth is 06/10/1998.

My address is PO BOX 21 (street), Caldwell (city), TX (state), 77836 (zip code), USA (country).

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

Executed in Bourneon County, State of Texas, on the 12 day of Feb, 2021.
(month) (year)

Kaybee Nelson
Signature of authorized agent of contracting business entity
(Declarant)

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			Controlling	Intermediary
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	HILL, Jon	Caldwell, TX United States	X	
	HESTER, Zach	Caldwell, TX United States	X	
	SLATER, Ryan	Caldwell, TX United States	X	
	KNAPP, Averyt	Caldwell, 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)