

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:
2023-968546

Date Filed:
01/04/2023

Date Acknowledged:

1 Name of business entity filing form, and the city, state and country of the business entity's place of business.

Louisiana Emergency Equipment dba Delta Fire and Safety
Eunice , LA 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

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.

5022-65-0315-5000-0000-00
Fire Fighting Equipment and Apparatus

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	Andrus, Robert	Rayne , LA United States	X	
	LeCamus, Matt	Broussard, LA United States	X	

5 Check only if there is NO Interested Party.

6 UNSWORN DECLARATION

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

My address is 235 Eastpark Dr. A, Eunice, LA, 70535, US.
(street) (city) (state) (zip code) (country)

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

Executed in St. Landry County County, State of Louisiana, on the 4 day of Jan., 2023.
(month) (year)


Signature of authorized agent of contracting business entity (Declarant)

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	Andrus, Robert	Rayne , LA United States	X	
	LeCamus, Matt	Broussard, LA 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)