

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:
2024-1109293

Date Filed:
01/08/2024

Date Acknowledged:

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

METRO FIRE APPARATUS SPECIALISTS, INC
HOUSTON , 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 Urban Program

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.

5022-15-0315-5000-0000-UCP-EP
Bid No. 5022-15-0315-5000-0000-UCP-EP

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	RUSSELL, CRAIG N.	HOUSTON, TX United States	X	

5 Check only if there is NO Interested Party.

6 UNSWORN DECLARATION

My name is MONICA INGRAM, and my date of birth is 10/03/1979.

My address is 17350 STATE HWY 249 STE 250, HOUSTON, TX, 77064.
(street) (city) (state) (zip code) (country)

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

Executed in HARRIS County, State of TEXAS, on the 8th day of JAN, 2024.

Monica Ingram

Digitally signed by Monica Ingram (mg@mfh) (year)
DN: cn=Monica Ingram, o=Metro Fire Apparatus
Specialists, Inc, ou=MFAS,
email=mingram@mfas.com, c=US
Date: 2024.01.08 07:50:18 -06'00'

Signature of authorized agent of contracting business entity
(Declarant)

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	RUSSELL, CRAIG N.	HOUSTON, 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)