

# 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.

Safe Restraints, Inc.  
 Diablo, CA United States

Certificate Number:  
 2024-1223120

Date Filed:  
 10/04/2024

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

Hidalgo County Sheriff

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.

24-0373  
 Purchase of The Warp Safety Restraint System

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	Hammond, Charles	Diablo, CA United States	X	

5 Check only if there is NO Interested Party.

### 6 UNSWORN DECLARATION

My name is Charles Hammond, and my date of birth is [REDACTED]

My address is 1701 EL NIÑO # 771, Diablo, CA, 94506, USA  
(street) (city) (state) (zip code) (country)

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

Executed in Contra Costa County, State of CA, on the 4 day of Oct, 2024  
(month) (year)

[Signature]  
 Signature of authorized agent of contracting business entity (Declarant)

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 CERTIFICATION OF FILING**

**Certificate Number:**  
 2024-1223120

**Date Filed:**  
 10/04/2024

**Date Acknowledged:**  
 10/07/2024

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 Diablo, CA United States

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			Controlling	Intermediary
	Hammond, Charles	Diablo, CA 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)