

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. Cruz-Hogan Consultants, Inc. Weslaco, TX United States	Certificate Number: 2025-1267431
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 County Program	Date Filed: 02/10/2025 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.

5023/24-80-0310-5000-0000-UCP-
 Engineering Services for 2023/24 Weslaco Water/Sewer Improvements

4 Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
		Controlling	Intermediary
Cruz, Orlando	Weslaco, TX United States	X	
Cruz, Rolando	McAllen, TX United States	X	
Cruz, Marcus	Harlingen, TX United States	X	

5 Check only if there is NO Interested Party.

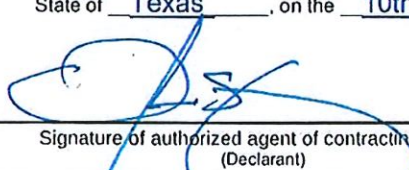
6 UNSWORN DECLARATION

My name is Orlando Cruz, P.E., and my date of birth is 09/29/1956.

My address is 2290 W. Pike Blvd., Ste. 102, Weslaco, TX, 78596, USA.
(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 10th day of February, 20 25.
(month) (year)



 Signature of authorized agent of contracting business entity
 (Declarant)

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Cruz-Hogan Consultants, Inc.
Weslaco, TX United States

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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)