

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:
2025-1365280

Date Filed:
09/18/2025

Date Acknowledged:
09/19/2025

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

Crystal Clean, LLC
Hoffman Estates, IL 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.

25-0536
Disposal Request

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary

5 Check only if there is NO Interested Party.

6 UNSWORN DECLARATION

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

My address is _____, _____, _____, _____, _____.
(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)

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 2025-1365280

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 Crystal Clean, LLC
 Hoffman Estates, IL 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

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 25-0536
 Disposal Request

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	N/A	N/A		

5 Check only if there is NO Interested Party.

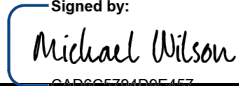
6 UNSWORN DECLARATION

My name is Michael Wilson, and my date of birth is _____.

My address is 2000 Center Drive, Suite East C300, Hoffman Estate, IL, 60192, USA.
(city) (state) (zip code) (country)

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

Executed in Cook County, State of Illinois, on the 18th day of September, 2025.
(month) (year)

Signed by:


 Signature of authorized agent of contracting business entity (Declarant)