

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.

Securitas Technology Corporation
Uniontown, OH United States

Certificate Number:
2025-1312166

Date Filed:
05/20/2025

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

Williamson County, Georgetown, TX - Wilco Purchasing

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.

2025232
Facilities Security System, Equipment, etc.

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.



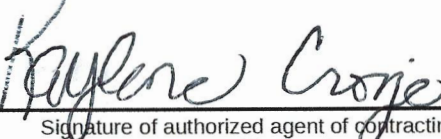
6 UNSWORN DECLARATION

My name is Kaylene Cronje

My address is _____

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

Executed in Dallas County, State of Texas, on the 24 day of May, 2025.
(month) (year)



Signature of authorized agent of contracting business entity
(Declarant)

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Securitas Technology Corporation
Uniontown, OH United States

Certificate Number:
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Williamson County, Georgetown, TX - Wilco Purchasing

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2025232
Facilities Security System, Equipment, etc.

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 _____, _____, _____, _____, _____.
(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)