

# 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.**

Metro Fire Apparatus Specialists, Inc  
Houston, TX United States

Certificate Number:  
2022-839072

Date Filed:  
01/11/2022

Date Acknowledged:

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

Killeen Fire Department

**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.**

ESTIMATE # 03-8625  
REPAIRS TO CHASSIS,BODY, AND AERIAL APPARATUS

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	RUSSELL, CRAIG	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 11TH day of JAN, 2022.  
(month) (year)

**Monica Ingram**

Digitally signed by Monica Ingram  
DN: cn=Monica Ingram, o=Metro Fire Apparatus Specialists,  
Inc, ou=MFAS, email=mingram@mfas.com, c=US  
Date: 2022.01.11 13:59:06 -06'00'

Signature of authorized agent of contracting business entity  
(Declarant)

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Houston, TX United States

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2022-839072

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	RUSSELL, CRAIG	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)