

# 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.

Cove Taxi, Inc  
COPPERAS COVE, TX United States

Certificate Number:  
2019-526606

Date Filed:  
08/07/2019

Date Acknowledged:

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

City Of Killeen, Texas

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.

19-22  
Taxi service for the Elderly Transportation Program

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	Page, Clarence	COPPERAS COVE, TX United	X	

5 Check only if there is NO Interested Party. ☐

### 6 UNSWORN DECLARATION

My name is CLARENCE PAGE, and my date of birth is 11-06-1957

My address is 806 N. 1ST ST. Copperas Cove, TX 76522 USA  
(street) (city) (state) (zip code) (country)

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

Executed in CORYLL County, State of TEXAS, on the 8th day of August, 2019  
(month) (year)



Signature of authorized agent of contracting business entity  
(Declarant)

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Cove Taxi, Inc  
COPPERAS COVE, TX United States

**Certificate Number:**  
2019-526606

**Date Filed:**  
08/07/2019

**Date Acknowledged:**  
08/28/2019

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City Of Killeen, Texas

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19-22  
Taxi service for the Elderly Transportation Program

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	Page, Clarence	COPPERAS COVE, TX United	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)