

# 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.

Toter, LLC  
Statesville, NC United States

Certificate Number:  
2021-807080

Date Filed:  
09/28/2021

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, TX

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.

Quote WQ-1020665  
Purchase of Roll Carts

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	Wastequip, LLC	Charlotte, NC United States	X	

5 Check only if there is NO Interested Party.

☐


## 6 UNSWORN DECLARATION

My name is Laura P. Hubbard, and my date of birth is 4-13-1972.

My address is 841 Meacham Road, Statesville, NC, 28677, USA.  
(street) (city) (state) (zip code) (country)

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

Executed in Iredell County, State of North Carolina, on the 29th day of September, 20 21.  
(month) (year)

  
\_\_\_\_\_  
Signature of authorized agent of contracting business entity  
(Declarant) Laura P. Hubbard, Director of Municipal Sales

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

Toter, LLC  
Statesville, NC United States

Certificate Number:  
2021-807080

Date Filed:  
09/28/2021

Date Acknowledged:  
11/15/2021

**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, TX

**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.**

Quote WQ-1020665  
Purchase of Roll Carts

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

**CERTIFICATE OF INTERESTED PARTIES****FORM 1295**

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

Wastequip Manufacturing Co LLC  
 Charlotte, NC United States

Certificate Number:  
 2020-669661

Date Filed:  
 09/21/2020

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.**

Buy Board Contract No.599-19  
 Furnish waste handling equipment with related parts and accessories.

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**

May 20, 1982

My name is William Houser, and my date of birth is \_\_\_\_\_.

My address is 6525 Morrison Blvd, Ste 300, Charlotte, NC, 28211, USA.  
 (street) (city) (state) (zip code) (country)

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

Executed in Mecklenburg County, State of NC, on the 21 day of September, 2020.  
 (month) (year)

DocuSigned by:

*Bill Houser*

Signature of authorized agent of contracting business entity  
 (Declarant)



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Parts Place LLC dba Go To Parts  
Charlotte, NC United States

**Certificate Number:**  
2021-814036

**Date Filed:**  
10/18/2021

**Date Acknowledged:**  
11/15/2021

**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.**

14242337  
Refuse Parts

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