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. Safety Services Inc., D/B/A U.S. Safety Services		Certificate Number: 2017-244888			
	San Antonio, TX United States			Date Filed:		
2	Name of governmental entity or state agency that is a party to the contract for which the form is		08/03/2017			
	peing filed.		Date Acknowledged:			
	City of San Antonio			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.					
	RFP 17-074,6100008770 Event Emergency Medical Services					
	Event Emergency Medical Services					
4			Nature of interest			
	Name of Interested Party City, State, Country (place of I		ess)	(check ap		
_				Controlling	Intermediary	
Heaney, Cristina Morales San A		n Antonio, TX United States		Х		
_						
	N .					
5	5 Check only if there is NO Interested Party.					
6	AFFIDAVIT I swear, or affirm, under penalty of perjury, that the above disclosure is true and correct.					
	VICTORIA FLORES Notary ID #129996744 My Commission Expires October 17, 2018 Signature of authorized agent of contracting business entity					
	Sworn to and subscribed before me, by the said					
/	Ofton Flores Notes					
	Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath					