## **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 business.  Safety-Kleen Systems, Inc.  Norwell, MA United States	Certificate Number: 2025-1257561 Date Filed:		
2	Norwell, MA Office States  Name of governmental entity or state agency that is a party to the contract for which the form is		01/15/2025	
_	peing filed.		Date Acknowledged:	
	Collin County Purchasing			
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.			
	2024-202 Lubricants, Oils and Miscellaneous			
4	No. of lateral de Parks	City, State, Country (place of busine	Nature of interest ess) (check applicable)	
	Name of Interested Party	City, State, Country (place of busine		ediary
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) (sta	(zip code) (cour	 itry)
	I declare under penalty of perjury that the foregoing is true and correct.			
	Executed in Plymouth County, State of MA, on the 16 day of January, 20 24.			
	Q1. L			
	Signature of authorized agent of contracting business entity (Declarant)			