

# GWINNETT COUNTY DEPARTMENT OF FINANCIAL SERVICES PURCHASING DIVISION

75 Langley Drive | Lawrenceville, GA 30046-6935 (O) 770.822.8720 | (F) 770.822.8735 www.gwinnettcounty.com

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## RP042-24 Provision of Extrication Equipment on an Annual Contract

### CODE OF ETHICS AFFIDAVIT

PLEASE RETURN THIS FORM COMPLETED WITH YOUR SUBMITTAL. SUBMITTED FORMS ARE REQUIRED PRIOR TO EVALUATION.

In accordance with Section 54-33 of the Gwinnett County Code of Ordinances the undersigned bidder/proposer makes the following full and complete disclosure under oath, to the best of their knowledge, of the name(s) of all elected officials whom it employs or who have a direct or indirect pecuniary interest in or with the vendor, its affiliates or its subcontractors:

1.	FIYELINE, INC. Company Submitting Bid/Proposal	
2.	Please select one of the following:  I No information to disclose (complete only section 4 Disclosed information below (complete section 3 &	4 below) section 4 below)
3.	If additional space is required, please attach list:	
	Gwinnett County Elected Official Name	Gwinnett County Elected Official Name
	Gwinnett County Elected Official Name	Gwinnett County Elected Official Name
4	BY: MUM (TWW/JVV)  Authorized Officer or Agent Signature	Sworn to and subscribed before me this
	Printed Name of Authorized Officer or Agent  Office Way W  Title of Authorized Officer or Agent of Contractor	21 day of October, 20,24  Notary Public

(seal)

Note: See Gwinnett County Code of Ethics Ordinance EO2011, Sec. 54-33. The ordinance will be available to view in its' entirety at **GwinnettCounty.com** 



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e	laces the following full and complete disclosure under lected officials whom it employs or who have a directificates or its subcontractors:	r oath, to the best of their knowledge, of the name(s) of ct or indirect pecuniary interest in or with the vendor,
1.	High Tech Rescue Inc	
	Company Submitting Bid/Proposal	
2.	Please select one of the following:  ✓ No information to disclose (complete only section  ☐ Disclosed information below (complete section 3)	4 below) & section 4 below)
3.	If additional space is required, please attach list:	
	Gwinnett County Elected Official Name	Gwinnett County Elected Official Name
	Gwinnett County Elected Official Name	Gwinnett County Elected Official Name
4.	BY:Authorized Officer or Agent Signature	Sworn to and subscribed before me this
F	Printed Name of Authorized Officer or Agent	9th day of October 2024
T	Sales Pep itle of Authorized Officer or Agent of Contractor	Notary Public  Notary Public  Notary Public  Notary Comm. Expires (Seal)  Notary Comm. Expires (Seal)
		Motary Comm. Expir(seal)

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