

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.

McKinney York Architects
Austin, TX United States

Certificate Number:

2025-1312965

Date Filed:

05/21/2025

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 Round Rock

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.

Fire Station No. 11
Architectural services

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	Rossomando, Michelle	AUSTIN, TX United States	X	
	York, Al	Austin, TX United States	X	
	Carlson, Brian	Austin, TX United States	X	
	Wood, William	Austin, TX United States	X	

5 Check only if there is NO Interested Party.

☐

6 UNSWORN DECLARATION

My name is Brian Carlson, and my date of birth is .

My address is 2109 Benwick Circle, Austin, TX, 78723, USA.
(street) (city) (state) (zip code) (country)

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

Executed in Travis County, State of Texas, on the 21st day of May, 20 25.
(month) (year)

Signature of authorized agent of contracting business entity
(Declarant)

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Austin, TX United States

Certificate Number:
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	York, Al	Austin, TX United States	X	
	Carlson, Brian	Austin, TX United States	X	
	Wood, William	Austin, TX 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)