

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

Certificate Number:
2024-1150912

Date Filed:
04/23/2024

Date Acknowledged:

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

AUSTIN ENGINEERING CO., INC.
AUSTIN, TX United States

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.

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MCNEIL RD EXTENSION RAILROAD CULVERTS CHANGE ORDER NO. 2

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	KELLER, KERRY	Austin, TX United States	X	
	KELLER, PAUL W	Austin, TX United States		X
	KELLER, TRAVIS	Austin, TX United States		X
	KELLER, PAUL A	Austin, TX United States		X

5 Check only if there is NO Interested Party.

☐

6 UNSWORN DECLARATION

My name is AUSTIN KELLER, and my date of birth is [REDACTED]

My address is P.O. BOX 342349, AUSTIN, TX, 78734, 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 23RD day of APRIL, 2024.
(month) (year)



Signature of authorized agent of contracting business entity
(Declarant)

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	KELLER, KERRY	Austin, TX United States	X	
	KELLER, PAUL W	Austin, TX United States		X
	KELLER, TRAVIS	Austin, TX United States		X
	KELLER, PAUL A	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)