

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:
 2026-1434998

Date Filed:
 03/18/2026

Date Acknowledged:

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

H.W. Lochner, 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.

McNutt Lift Station Rehab
 Professional Engineering Services

4 Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
		Controlling	Intermediary
Byers, Timothy	Lorton, VA United States	X	
Longest, Tom	Indianapolis, IN United States	X	
Beckman, Ryan	Denver, CO United States	X	
Meyer, Kasey	Golden, CO United States	X	
Ruhl, Terry	Chicago, IL United States	X	
Egis USA Holdings, Inc.	Dover, DE United States	X	
Friese, Karen	Austin, TX United States	X	
Wiemelt, Karen	Denver, CO United States	X	

5 Check only if there is NO Interested Party.

6 UNSWORN DECLARATION

My name is Thomas M. Owens, P.E. and my date of birth is ██████████

My address is 1120 S Capital of Texas Hwy, Austin, TX, 78746, USA
(city) (state) (zip code) (country)

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

Executed in Travis County, State of TX, on the 18 day of March, 2026
(month) (year)

Signature of authorized agent of contracting business entity
 (Declarant)

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	Friese, Karen	Austin, TX United States	X	
	Wiemelt, Karen	Denver, CO 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 _____, _____, _____, _____, _____.
(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)