CERTIFICATE OF INTERESTED PARTIES

FORM 1295

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:
2023-988189

Date Filed:
02/27/2023

Date Acknowledged:

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

Anchor-Ventana Glass
Round Rock , 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.**

000000 RR Water Treatment Plan
SF Glass & Glazing

4 Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
		Controlling	Intermediary
Munson, Felix	Round Rock, TX United States	X	

5 **Check only if there is NO Interested Party.** ☐

6 **UNSWORN DECLARATION**

My name is KAREN DROZG, and my date of birth is [redacted].

My address is 1609 CHISHOLM TRAIL (street), RR (city), TX (state), 78681 (zip code), WILLIAMSON (country)

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

Executed in WILLIAMSON County, State of TX, on the 27 day of FEB (month), 2023 (year).

Karen L Droze
Signature of authorized agent of contracting business entity
(Declarant)

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03/02/2023

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Anchor-Ventana Glass
Round Rock , TX United States

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4 Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
		Controlling	Intermediary
Munson, Felix	Round Rock, 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)