

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.

Super Universal Waste LLC dba U-Waste Recycling Solutions
 Houston, TX United States

Certificate Number:
 2024-1187681

Date Filed:
 07/16/2024

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

Date Acknowledged:

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.

IFB 24-012 00000
 Household Hazardous Waste Collection and Disposal Services

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

5 Check only if there is NO Interested Party.

6 UNSWORN DECLARATION

My name is Thomas Oakley, and my date of birth is [REDACTED].
 My address is 17902 Oakfield Glen Lane, Cypress, TX, 77433, USA.
(street) (city) (state) (zip code) (country)

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

Executed in Harris County County, State of TX, on the 7 day of 18, 2024.
(month) (year)

Thomas Oakley
 Signature of authorized agent of contracting business entity
 (Declarant)

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1 of 1

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**OFFICE USE ONLY
 CERTIFICATION OF FILING**

Certificate Number:
 2024-1187681

Date Filed:
 07/16/2024

Date Acknowledged:
 07/26/2024

1 Name of business entity filing form, and the city, state and country of the business entity's place of business.
 Super Universal Waste LLC dba U-Waste Recycling Solutions
 Houston, 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.
 IFB 24-012
 Household Hazardous Waste Collection and Disposal Services

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

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)