

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:
2022-922416

Date Filed:
08/15/2022

Date Acknowledged:

1 Name of business entity filing form, and the city, state and country of the business entity's place of business.
Smith Pump Company, Inc.
Waco, TX, 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 New Flowserve Pump
Duplicate replacement per S/N 1912MS007032 Bare Pump, including only pump, motor pedestal, and suction elbow

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	McHattie, Jeff	Austin, TX United States		X
	Garcia, Eduardo	Fort Worth, TX United States		X

5 Check only if there is NO Interested Party.

6 UNSWORN DECLARATION

My name is Eduardo Garcia, and my date of birth is [REDACTED].

My address is 464 Alamosa, Waxahachie, TX, 75165, US.
(street) (city) (state) (zip code) (country)

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

Executed in Tarrant County, State of Texas, on the 15 day of August, 2022.
(month) (year)

Eduardo Garcia

Signature of authorized agent of contracting business entity
(Declarant)

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	McHattie, Jeff	Austin, TX United States		X
	Garcia, Eduardo	Fort Worth, 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)