

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:
2023-1015210

Date Filed:
05/02/2023

Date Acknowledged:

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

Central Texas Refuse, LLC
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.

Refuse Contract 05.23
solid waste collection and disposal

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	Del Corso, Steve	Austin, TX United States	X	
	Bradshaw, Scott	Austin, TX United States	X	
	Appleby, Charlie L.	Austin, TX United States	X	
	Integrated Waste Solutions Group	Austin, TX United States	X	

5 Check only if there is NO Interested Party.

6 UNSWORN DECLARATION

My name is Scott Bradshaw, and my date of birth is [REDACTED].

My address is 805 Las Cimas Pkwy, Austin, TX, 78746, Travis.
(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 TX, on the 11th day of May, 2023.
(month) (year)



Signature of authorized agent of contracting business entity
(Declarant)

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CERTIFICATION OF FILING**

Certificate Number:
2023-1015210

Date Filed:
05/02/2023

Date Acknowledged:
06/01/2023

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Central Texas Refuse, LLC
Austin, TX United States

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	Appleby, Charlie L.	Austin, TX United States	X	
	Integrated Waste Solutions Group	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)