

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:
2022-840004

Date Filed:
01/13/2022

Date Acknowledged:

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

Partners Remodeling Restoration and Waterproofing
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.

Concrete and Exca. Services
60 Month Concrete and Excavation Services for the City of Round Rock

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	Besa, Pat	Austin, TX United States	X	
	Besa, Juan	Austin, TX United States	X	
	Besa, Daniel	Austin, TX United States	X	

5 Check only if there is NO Interested Party.


6 UNSWORN DECLARATION

My name is DANIEL BESA, and my date of birth is [REDACTED].

My address is 1111 BELLA CASA LN, DRIPPING SPRINGS, TX, 78620, US.
(street) (city) (state) (zip code) (country)

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

Executed in Harris County, State of TX, on the 13 day of JAN, 2022.
(month) (year)



Signature of authorized agent of contracting business entity
(Declarant)

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2022-840004

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	Besa, Daniel	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)