

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.

Tempset Controls, Inc.
Leander, TX United States

Certificate Number:
2025-1295417

Date Filed:
04/14/2025

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.

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Comprehensive Heating, Ventilation and Air Conditioning (HVAC) Services and Repairs

4	Name of Interested Party	City, State, Country (place of business)	Nature of Interest (check applicable)	
			Controlling	Intermediary
	Stone, Nannette	Georgetown, TX United States	X	
	Polasek, Bob	Taylor, TX United States	X	
	Hartgrove, Larry	Round Rock, TX United States	X	

5 Check only if there is NO interested Party. ☐

6 UNSWORN DECLARATION

My name is Nannette Stone, and my date of birth is [REDACTED].

My address is 305 S. Cassidy Dr Georgetown TX 78628 US
(street) (city) (state) (zip code) (country)

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

Executed in Williamson County, State of Texas, on the 14th day of April, 2025.
(month) (year)

Nannette Stone
Signature of authorized agent of contracting business entity
(Declarant)

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	Stone, Nannette	Georgetown, TX United States	X	
	Polasek, Bob	Taylor, TX United States	X	
	Hartgrove, Larry	Round Rock, TX United States	X	

5 Check only if there is NO Interested Party.

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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)