

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:
2025-1393437

Date Filed:
11/25/2025

Date Acknowledged:

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

Caldwell Country Ford dba: Rockdale Country Ford
Rockdale, 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.

VE05-24

Purchase of Vehicles and Related Services

5 Check only if there is NO Interested Party.

X

6 UNSWORN DECLARATION

My name is **Brittany Hale** , and my date of birth is REDACTED

My address is 800 E. Highway 21, Caldwell, TX, 77836, USA.
(city) (state) (zip code) (country)

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

Executed in Brazos County, State of Texas, on the 25 day of Nov, 2025.
(month) (year)

Brittany Hale

Signature of authorized agent of contracting business entity
(Declarant)

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

Date Filed:

11/25/2025

2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed.

Date Acknowledged:
12/01/2025

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.

VE05-24

Purchase of Vehicles and Related Services

5 Check only if there is NO Interested Party.

X

6 UNSWORN DECLARATION

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____, _____.

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)