CERTIFICATE OF INTERESTED PARTIES

FORM 1295

Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties. CERTIFICATION OF 1 Name of business entity filing form, and the city, state and country of the business entity's place of business. Certificate Number: 2022-946896 NRW Consulting Services, Inc. Austin, TX United States Date Filed: 10/20/2022 2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed. Date Filed: 10/20/2022 City of Round Rock Date 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. O00000 Water Line Leak Detection Services Nature of interested Party Nature of business) 4 Name of Interested Party City, State, Country (place of business) Nature of interested party	1 of 1						
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My address is /////////////////////////////////	tvis						
	ountry)						
I declare under penalty of perjury that the foregoing is true and correct.							
Executed in TRAVIS County, State of TEXAS, on the 20 day of OCT, 20.33							
(month) (year)							
XTrangel							
A boot							
Signature of authorized agent of contracting business entity (Declarant)							

CERTIFICATE OF INTERESTED PARTIES

FORM 1295

1 of 1

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	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			
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	NRW Consulting Services, Inc.	2022	2022-946896				
	Austin, TX United States						
2		e of governmental entity or state agency that is a party to the contract for which the form is			Date Filed: 10/20/2022		
1	being filed.						
	City of Round Rock		Date	Acknowledged:			
				10/25/2022			
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	Water Line Leak Detection Services						
4				Nature of interest			
Ľ	Name of Interested Party	City, State, Country (place of bus		(check applicable)			
				Controlling	Intermediary		
5 Check only if there is NO Interested Party.							
6							
	My name is	e is, and my date of birth is					
	My address is						
	(street)		(state)	(zip code)	(country)		
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	I declare under penalty of perjury that the foregoing is true and correct.						
	Executed inCounty	, State of, on the	e	day of	, 20		
				(month)	(year)		
	Signature of authorized agent of contracting business entity						
	(Declarant)						