## **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.  T. Gray Utility & Rehab Co., LLC			Certificate Number: 2018-355140		
	Cypress, TX United States			Date Filed:		
2	Name of governmental entity or state agency that is a party to the contract for which the form is			05/17/2018		
	peing filed. City of Round Rock, Texas			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.  18-504					
	Wastewater Siphon Box Rehabilitation					
4			Nature of interest			
•	Name of Interested Party	City, State, Country (place of busine	ess)		plicable)	
				Controlling	Intermediary	
Tamez, Marcus		CYPRESS, TX United States		X		
5 Check only if there is NO Interested Party.						
6 UNSWORN DECLARATION						
	My name is					
	My address is 15579 STIWER PARY DR. CYPRES , TX 77479 , USA (city) (state) (zip code) (country)					
	I declare under penalty of perjury that the foregoing is true and correct.					
	Executed in					
	Signature of authorized agent of contracting business entity (Declarant)					