

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.

Corrosion Eliminators, LLC
Mineral Wells, TX United States

Certificate Number:
2018-421678

Date Filed:
11/02/2018

Date Acknowledged:

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.

000000
Rehabilitation of Clearwell GST 2

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary

5 Check only if there is NO Interested Party.



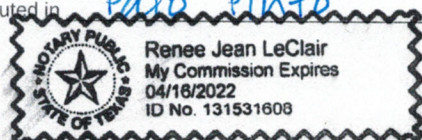
6 UNSWORN DECLARATION

My name is Renee LeClair, and my date of birth is 5/17/1966.

My address is 4524 Hitching Post Ln, Plano, TX, 75024, USA.
(street) (city) (state) (zip code) (country)

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

Executed in Dalo Pinto County, State of Texas, on the 2nd day of Nov., 20 18.
(month) (year)



[Signature]
Signature of authorized agent of contracting business entity
(Declarant)



SUPPLEMENT W-9 FORM
CITY OF ROUND ROCK, TEXAS
221 EAST MAIN STREET, ROUND ROCK, TEXAS 78664

Print Form

Pursuant to Internal Revenue Service Regulations, we ask that you furnish the City of Round Rock with your Taxpayer Number (TIN). If this number is not provided, IRS regulations require us to subject you to a 28% withholding on each payment. To avoid this withholding and to ensure that accurate tax information is reported to the Internal Revenue Service, we would appreciate your cooperation in providing us with the information requested below. Please contact the City of Round Rock Purchasing Division at (512) 671-2861 if you have any questions or problems with this request. Thank you for your assistance in this matter.

INDIVIDUAL: List name as shown on your social security card and your social security number.

SOLE PROPRIETORSHIP: List owner's legal name, followed by the legal business name and list the owner's social security number.

ALL OTHERS: List the legal name of your corporation, partnership, organization or other legal entity and list your Employer Identification Number.

LEGAL BUSINESS NAME: Corrosion Eliminators, LLC

Mailing Address:

Address 1002 Hwy. 337
City Mineral Wells State TX Zip Code 76067

Business email: renee@ceblast.com

Remit Address:

☒ Check if mailing and remit address are the same

Address 1002 Hwy. 337
City Mineral Wells State TX Zip Code 76067

Website address: _____

BUSINESS ENTITY (please check only one):

- ☐ Estate/Trust ☐ Corporation ☐ Public Service Corporation ☐ Governmental/Non-profit
☐ Individual ☐ Partnership ☐ Sole Proprietorship ☐ Other _____
☒ Limited Liability Company (select tax classification below):
☐ D=disregarded entity/sole proprietorship ☐ C=corporation ☒ P=partnership

ENTER THE NINE (9) DIGIT TAXPAYER IDENTIFICATION (TIN) BELOW:

Social Security Number: _____

Federal Employer Identification Number: 81-4006383

UNDER PENALTIES OF PERJURY, AND TO THE BEST OF MY KNOWLEDGE AND BELIEF, I DECLARE THAT THIS FORM HAS BEEN COMPLETED FULLY AND ACCURATELY.

Contact Name: Renee LeClair Title: Project Manager
Phone Number: 940-325-8450 x 102 Fax Number: _____
Email address: renee@ceblast.com

SIGNATURE: _____

DATE: 11/2/18

THIS AREA TO BE COMPLETED BY CITY OF ROUND ROCK FINANCE DEPARTMENT:

<input type="checkbox"/> NEW	<input type="checkbox"/> UPDATED	Assigned Vendor #: _____	Assigned By: _____
<input type="checkbox"/> W9 SENT	<input type="checkbox"/> RECEIVED	Date: _____	Approved By: _____