CERTIFICATE OF INTERESTED PARTIES

FORM **1295**

1 of 2

	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	of husiness	Certificate Number: 2020-661034
	Austin, 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 being filed.	08/25/2020
	City of Round Rock	Date Acknowledged:

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.

R-2019-0289

Engineering Services, Chisholm Valley Storm Drain & Utility Improvements

4 Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)		
		Controlling	Intermediary	
Adams , Bobby	Houston, TX United States	х		
Bargainer, Tim	Austin, TX United States	Х		
Baker , Jessica	Richardson, TX United States	х		
Edwards , Mark	Richardson, TX United States	х		
Ickert, Andrew	Fort Worth, TX United States	х		
Jackson, Todd	Austin, TX United States	х		
Kunz, Pat	Richardson, TX United States	Х		
Miller, Steven	Austin, TX United States	х		
Moya, Mike	Austin, TX United States	Х		
Murray, Menton	McAllen, TX United States	Х		
Sagel, Joseph	Richardson, TX United States	Х		
Tanksley, Dan	Richardson, TX United States	х		
Zapalac, Russell	Austin, TX United States	Х		

CERTIFICATE OF INTERESTED PARTIES

FORM **1295**

					2 of 2				
	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.		CEI	OFFICE USE					
1	Name of business entity filing form, and the city, state and coun of business. Halff Associates, Inc. Austin, TX United States	2020	Certificate Number: 2020-661034 Date Filed:						
2	Name of governmental entity or state agency that is a party to the being filed. City of Round Rock	l	98/25/2020 Pate Acknowledged:						
3	rovide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a escription of the services, goods, or other property to be provided under the contract. -2019-0289 ngineering Services, Chisholm Valley Storm Drain & Utility Improvements								
4	Name of Interested Party	City, State, Country (place of business) Nature of interest (check applicable) Controlling Intermedi							
				Controlling	intermediary				
_									
	Check only if there is NO Interested Party.								
0	unsworn declaration My name is Cindy Engelhardt	, and my date of	birth is						
	My address is9500 Amberglen Blvd, Suite 125 (street)		TX_,	78729 (zip code)	(country)				
	I declare under penalty of perjury that the foregoing is true and correct		•		,				
	Executed inCount	ry, State of <u>Texas</u> , on the	<u>25</u> d	lay of <u>Augu</u> (month)	st, 20 20 (year)				
	Signature of authorized agent of contracting business entity (Declarant)								