

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.

Tom Loftus Inc., dba Austin Turf & Tractor
 Marble Falls, TX United States

Certificate Number:
 2022-893568

Date Filed:
 06/01/2022

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

City of Killeen

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.

Mower Proposal
 Turf Equipment

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	New, Nathan	Marble Falls, TX United States	X	
	Mobley, Chad	Marble Falls, TX United States	X	
	Jukes, Harry	Marble Falls, TX United States	X	

5 Check only if there is NO Interested Party.

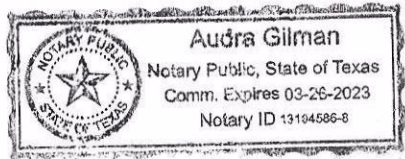
6 UNSWORN DECLARATION

My name is Nathan New, and my date of birth is 10/8/1963.

My address is 809 Steve Hawkins Pkwy., Marble Falls, TX, 78654, USA.
(street) (city) (state) (zip code) (country)

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

Executed in BURNET County, State of TX, on the 1st day of June, 2022.
(month) (year)



Nathan New
 Signature of authorized agent of contracting business entity (Declarant)

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Certificate Number:
2022-893568

Date Filed:
06/01/2022

Date Acknowledged:
06/16/2022

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Tom Loftus Inc., dba Austin Turf & Tractor
Marble Falls, TX United States

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City of Killeen

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	New, Nathan	Marble Falls, TX United States	X	
	Mobley, Chad	Marble Falls, TX United States	X	
	Jukes, Harry	Marble Falls, TX United States	X	

5 Check only if there is NO Interested Party.

6 UNSWORN DECLARATION

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

My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)

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)