

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

Certificate Number:
2022-851862

Date Filed:
02/17/2022

Date Acknowledged:

1 Name of business entity filing form, and the city, state and country of the business entity's place of business.

Control Panels USA Inc
Austin, TX United States

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

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.

WIN-911 Alarm Notification

Install, configure and commission WIN-911 Alarm Notification software services and communication system upgrade services

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	Morgan, David	Austin, TX United States	X	
	Wetherholt, Brian	Austin, TX United States	X	
	Salyer, Martin	Austin, TX United States	X	

5 Check only if there is NO Interested Party.

6 UNSWORN DECLARATION

My name is Brian Wetherholt, and my date of birth is 10-03-1978.

My address is 3807 Hillbrook Dr, Austin, TX, 78731, USA.
(street) (city) (state) (zip code) (country)

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

Executed in Travis County, State of Texas, on the 17th day of Feb, 20 22.
(month) (year)



Signature of authorized agent of contracting business entity
(Declarant)

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WIN-911 Alarm Notification
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			Controlling	Intermediary
	Morgan, David	Austin, TX United States	X	
	Wetherholt, Brian	Austin, TX United States	X	
	Salyer, Martin	Austin, 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)

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1 Name of business entity filing form, and the city, state and country of the business entity's place of business.
Iteris, Inc
Austin, TX United States

Certificate Number:
2022-852214

Date Filed:
02/18/2022

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.
608-20
Traffic Signal Communication Equipment

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	Garza, Fidel	Austin, TX United States	X	X

5 Check only if there is NO Interested Party.


6 UNSWORN DECLARATION

My name is FIDEL GARZA, and my date of birth is 10/14/1959.

My address is 15106 LARIAT TRAIL, Austin, TX, 78734, Travis
(street) (city) (state) (zip code) (country)

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

Executed in TRAVIS County, State of TX, on the 18 day of FEB, 2022
(month) (year)



Signature of authorized agent of contracting business entity (Declarant)

CERTIFICATE OF INTERESTED PARTIES

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City of Killeen

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608-20
Traffic Signal Communication Equipment

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	Garza, Fidel	Austin, TX United States	X	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)