

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:
2022-862228

Date Filed:
03/17/2022

Date Acknowledged:

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

CP&Y Inc.
San Antonio, 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.

ADA Self-evaluation Plan
Professional Services

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	Kohler, Chuck	New York City, NY United States	X	
	Kelly, Greg	New York City, NY United States	X	
	Roohms, J.J.	Dallas, TX United States	X	

5 Check only if there is NO Interested Party. ☐

6 UNSWORN DECLARATION

My name is David Hays, and my date of birth is 10/26/1955.

My address is 1820 Regal Row, Suite 200, Dallas, TX, 75235, USA.
(street) (city) (state) (zip code) (country)

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

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



Signature of authorized agent of contracting business entity
(Declarant)

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CP&Y Inc.
San Antonio, TX United States

Certificate Number:
2022-862228

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Date Acknowledged:
05/11/2022

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			Controlling	Intermediary
	Kohler, Chuck	New York City, NY United States	X	
	Kelly, Greg	New York City, NY United States	X	
	Roohms, J.J.	Dallas, 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)