

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.

TTG Utilities, LP
Gatesville, TX United States

Certificate Number:
2018-388466

Date Filed:
08/06/2018

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 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.

2018 Minor Drainage CIP
2018 Minor Drainage CIP

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	Pena, Ricardo	Gatesville, TX United States	X	

5 Check only if there is NO Interested Party.

☐**6 UNSWORN DECLARATION**

My name is Dawna L. James, and my date of birth is 11/11/1965.

My address is 305 Memorial Drive, Suite B, Gatesville, Texas, 76528, USA.
(street) (city) (state) (zip code) (country)

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

Executed in Coryell County, State of Texas, on the 6th day of August, 20 18.
(month) (year)

Dawna L. James

Digitally signed by Dawna L. James
DN: cn=Dawna L. James, o=TTG Utilities, LP, ou=Contract
Specialist, email=DJames@TTGUtilities.com, c=US
Date: 2018.08.06 10:34:44 -05'00'

Signature of authorized agent of contracting business entity
(Declarant)

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Gatesville, TX United States

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2018 Minor Drainage CIP
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			Controlling	Intermediary
	Pena, Ricardo	Gatesville, 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)