

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:
2024-1153138

Date Filed:
04/26/2024

Date Acknowledged:

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

American Irrigation Repair LLC
Georgetown, 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.

Williamson County

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.

T2104
IRRIGATION MAINTENANCE AND REPAIR SERVICES

| 4 | Name of Interested Party | City, State, Country (place of business) | Nature of interest (check applicable) | |
|---|--------------------------|--|--|--------------|
| | | | Controlling | Intermediary |
| | Wilson, Justin | Georgetown, TX United States | X | |
| | Wilson, Ashly | Georgetown, TX United States | X | |
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5 Check only if there is NO Interested Party.


☐**6 UNSWORN DECLARATION**

My name is Justin Wilson, and my date of birth is .

My address is 609 Shepherd Road, Georgetown, TX, 78628, USA.
(street) (city) (state) (zip code) (country)

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

Executed in Williamson County, State of Texas, on the 26th day of April, 2024.
(month) (year)



Signature of authorized agent of contracting business entity
(Declarant)

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| | Wilson, Justin | Georgetown, TX United States | X | |
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5 Check only if there is NO Interested Party.

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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)