## **CERTIFICATE OF INTERESTED PARTIES**

**FORM 1295** 

L					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			Certificate Number: 2018-304496		
ı				Pate Filed:		
2	Name of governmental entity or state agency that is a party to the contract for which the form is			01/22/2018  Date Acknowledged:		
	being filed. City of Fort Worth					
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.  ITB No. 18-0114  High Water Warning System Maintenance					
L						
4	Name of Interested Party	City, State, Country (place of business		Nature of interest s) (check applicable)		
				Controlling	Intermediary	
Logan, James		Longmont, CO United States		х		
Gayl, Isle		Longmont, CO United States		×		
		_				
5 Check only if there is NO Interested Party.						
6 UNSWORN DECLARATION						
My name is						
My name is						
declare under penalty of perjury that the foregoing is true and correct.						
Executed in					, 20 \7	
Neveda Coly a 95959				(monut)	(year)	
	Signature of authorized agent of contracting business entity					
		(Declarant)		-		

## ALL-PURPOSE ACKNOWLEDGMENT

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A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.					
State of California	-				
County of Nevada	· SS.				
On \-\ \23 - \20\8 \_, before me, _	P. K. Mann, Notary Public,				
personally appeared Susan Swa	who proved to me on the				
basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.					
PK MANN COMM. # 2192659 NOTARY PUBLIC-CALIFORNIA NEVADA COUNTY MY COMM. EXP. APR. 20, 2021	I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.  WITNESS my hand and official seal.				
	WITHESS my hand and difficial seal.				
PLACE NOTARY SEAL IN ABOVE SPACE	NOTARY'S SIGNATURE				
OPTIONAL INFORMATION					
The information below is optional. However, it may prove valuable and could prevent fraudulent attachment of this form to an unauthorized document.					
CAPACITY CLAIMED BY SIGNER (PRINCIPAL)	DESCRIPTION OF ATTACHED DOCUMENT				
☐ INDIVIDUAL	Form 1295				
CORPORATE OFFICER  TITLE(S)	TITLE OR TYPE OF DOCUMENT				
PARTNER(S)					
☐ ATTORNEY-IN-FACT ☐ GUARDIAN/CONSERVATOR	NUMBER OF PAGES				
SUBSCRIBING WITNESS	1 – 23 – 2015 DATE OF DOCUMENT				
OTHER:	DATE OF DOCUMENT				
	OTHER				
SIGNER (PRINCIPAL) IS REPRESENTING: NAME OF PERSON(S) OR ENTITY(IES)	RIGHT THUMBPRINT OF SIGNER  od od				