

# 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:

Date Filed:

Date Acknowledged:

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

International Sister Cities Association of Fort Worth  
Fort Worth, 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 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.**

Coordinate cultural, educational, business and sports exchanges between the City and its Sister Cities counterparts; coordination of meeting facilities, hotel accommodations, and travel plans

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	International Sister Cities Association of Fort Worth	Fort Worth, 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 908 Monroe Street, 5th Floor, Fort Worth, TX, 76102, USA.  
(street) (city) (state) (zip code) (country)

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

Executed in Tarrant County, State of Texas, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.  
(month) (year)

\_\_\_\_\_  
Signature of authorized agent of contracting business entity  
(Declarant)