CERTIFICATE OF INTERESTED PARTIES

FORM **1295**

1 of 2

	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.	Certificate Number:
	Halff Associates Inc.	2021-768955
ı	Richardson, TX United States	Date Filed:
2	Name of governmental entity or state agency that is a party to the contract for which the form is being filed.	06/21/2021
ı	Collin County	Date Acknowledged:
ı		

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.

RFQ 2020-228

Professional Services, Surveying

4 Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)		
		Controlling	Intermediary	
Zapalac, Russell	Austin, TX United States	×		
Tanksley, Dan	Richardson, TX United States	х		
Sagel, Joseph	Richardson, TX United States	х		
Pylant, Ben	Fort Worth, TX United States	×		
Murray, Menton	McAllen, TX United States	х		
Moya, Mike	Austin, TX United States	х		
Miller, Steven	Austin, TX United States	х		
LLewellyn, Sr. , Mark	Tallahassee, FL United States	х		
Killen, Russell	Richardson, TX United States	х		
Jackson, Todd	Austin, TX United States	х		
Bertram, Shawn	Austin, TX United States	х		
Ickert, Andrew	Fort Worth, TX United States	х		
Edwards, Mark	Richardson, TX United States	х		
Baker, Jessica	Richardson, TX United States	×		

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FORM **1295**

					2 of 2			
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1	Name of business entity filing form, and the city, state and country of the business entity's place of business. Halff Associates Inc.			Certificate Number: 2021-768955				
	Richardson, TX United States		Date Filed:					
2	Name of governmental entity or state agency that is a party to the	contract for which the form is	06/21/2021					
	eing filed. Collin County			Date Acknowledged:				
3	Provide the identification number used by the governmental entity description of the services, goods, or other property to be provided	y or state agency to track or identify ed under the contract.	the cor	ntract, and prov	ride a			
	RFQ 2020-228 Professional Services, Surveying							
4	Name of Interested Party	City, State, Country (place of busine		Nature of interest ess) (check applicable)				
	name of interested Fairty	City, State, Country (place of busine	-33,	Controlling	Intermediary			
5 Check only if there is NO Interested Party.								
	UNSWORN DECLARATION							
_	My name is ANDREW SHAFER							
_	I declare under penalty of perjury that the foregoing is true and correct.							
	Executed in $\frac{DALLAS}{}$ county, State of $\frac{TEXAS}{}$, on the $\frac{21}{}$ day of $\frac{June}{}$ (year)							
	Andrew 1. Shape							
	Signature of authorized agent of contracting business entity (Declarant)							