## **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.  Halff Associates. Inc.	Certificate Number: 2025-1333173
	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.	07/08/2025
	Collin County	Date Acknowledged:

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.

RFP 2023-240

Professional Services, Surveying.

4 Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)		
		Controlling	Intermediary	
Atkinson, Erin	Fort Worth, TX United States	×		
Baker Daily, Jessica	Richardson, TX United States	Х		
Cranston, Shaun	Austin, TX United States	Х		
Engelhardt, Cindy	Austin, TX United States	х		
French, Sherri	Frisco, TX United States	×		
Hollis, Leigh	Frisco, TX United States	х		
Ickert, Andrew	Fort Worth, TX United States	×		
Jackson, Todd	Austin, TX United States	×		
Murray, Menton	McAllen, TX United States	X		
Pylant, Ben	Fort Worth , TX United States	Х		
Sagel, Joesph	Richardson, TX United States	Х		
Smith, Ryan	Richardson, TX United States	Х		

## **CERTIFICATE OF INTERESTED PARTIES**

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	RFP 2023-240						
	Professional Services, Surveying.						
4				Nature o	ature of interest		
•	Name of Interested Party City, State, Country		iess)	(check applicable)			
				Controlling	Intermediary		
			-+				
			$\dashv$				
			-+				
5	Check only if there is NO Interested Party.						
6	UNSWORN DECLARATION						
	My name is Andrew J. Shafer	, and my date of	birth is <sub>-</sub>		·		
	My address is (street)	(city) (s	, etate)	(zip code)	_,		
	I declare under penalty of perjury that the foregoing is true and corre	ect.					
	Executed in Cour	nty, State of <u>Texas</u> , on the	<u>8th</u> da	ay of <b>July</b> _	, 20 <u><b>25</b></u>		
				(month)	(year)		
Signature of authorized agent of contracting business entity (Declarant)							