CERTIFICATE OF INTERESTED PARTIES

FORM **1295**

1 of 1

ᆫ					20,2	
	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 coun of business.	ntry of the business entity's place		tificate Number:		
	Texas Department of Public Safety	1	202.	T-10012T		
	Austin, TX United States			e Filed:		
2		ne contract for which the form is	06/1	18/2021		
	being filed. City of Austin	,	Date	e Acknowledged:		
	City of Austin	!	Du	Acknowness	•	
3	Provide the identification number used by the governmental en	tity or state agency to track or identify	the c	contract, and pro	wide a	
3	rovide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a escription of the services, goods, or other property to be provided under the contract.					
	NI210000017	Leady the Descripting End	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·		
	DPS will provide criminal history record information (CHRI) in	n accordance with the Receiving ⊑nu	ity's a	authorizing state	ute.	
4				1	of interest	
4	Name of Interested Party	City, State, Country (place of busine	ess) †		pplicable)	
_			'	Controlling	Intermediary	
No	orton, Jennifer	Austin, TX United States	!	X		
		1	——		<u> </u>	
			_!	!		
				7		
	'		1			
_						
	· · · · · · · · · · · · · · · · · · ·		1			
	1					
						
			\longrightarrow			
_						
_	Ct. J. 16th t- NO Intercepted Doubly					
5 	Check only if there is NO Interested Party.					
6	UNSWORN DECLARATION					
	My name is Pennifer Norton	My name is, and my date of birth is				
		Q1	. /	-107c	$\overline{}$	
	My address is 5805 N Lama (street)	(city) (sta	<u>/,</u> _ ate)	(zip code)	(country)	
	I declare under penalty of perjury that the foregoing is true and correct	leclare under penalty of perjury that the foregoing is true and correct.				
	Tois	and the second s	0	Same of the same	\sim 1	
	Executed in County	y, State of <u>lxas</u> , on the <u>l</u>	∑ _d;	day of <u>Una</u> (month)	2, 20 <u></u>	
		- AM				
Signature of authorized agent of contracting business ent				j business entity		
) Doulaint,					