CERTIFICATE OF INTERESTED PARTIES

FORM 1295

1 of 1

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	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	· · · · · · · · · · · · · · · · · · ·	Certi	Certificate Number:							
	gene C. Waters, Ph.D.			2024-1216569						
	mple, TX United States			Date Filed:						
2	of governmental entity or state agency that is a party to the contract for which the form is			09/19/2024						
	ng filed.			Sector Andrewson de Asserta						
	Williamson County Sheriff's Department	Cheriff's Department			Date Acknowledged: 09/23/2024					
3	Provide the identification number used by the governmental enti- description of the services, goods, or other property to be provided	number used by the governmental entity or state agency to track or identify the contract, and provide a s, goods, or other property to be provided under the contract.								
	2024304									
	Psychological evaluations									
4					ture of interest					
-	Name of Interested Party	City, State, Country (place of bu	siness)	(check ap						
				Controlling	Intermediary					
			_							
_										
5	5 Check only if there is NO Interested Party.									
6	UNSWORN DECLARATION									
	My name is	me is, and my date of birth is								
	My address is									
	(street)	(city)	(state)	(zip code)	(country)					
I declare under penalty of perjury that the foregoing is true and correct.										
	Executed inCounty	y, State of, on t	he							
				(month)	(year)					
	Signature of authorized agent of contracting business entity (Declarant)									

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					
1	ame of business entity filing form, and the city, state and country of the business entity's place f business.			Certificate Number: 2024-1216569					
	Eugene C. Waters, Ph.D. Temple, 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			09/19/2024					
	being filed. Williamson County Sheriff's Department		Date Acknowledged:						
	Williams of County Sherin's Department			- 72.					
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. 2024304 Psychological evaluations								
_		Nature of interest							
4	Name of Interested Party City, State, Country (place of business)								
				Controlling	Intermediary				
	ELLGENE C. WATERS, DH.D. T	FMPLE, TX USB		/					
			e						
5 Check only if there is NO Interested Party.									
6	UNSWORN DECLARATION	^							
	My name is EUGENE C. WATENS, DU.D., and my date of birth is								
	My address is				USA.				
	(street)	(city) (sta	ate)	(zip code)	(country)				
	Executed in Euglis C. Usu per County, State of Towns on the day of the county of the c								
	Signature of authorized agent of contracting business entity (Declarant)								