

1F. Declaration

This information on this formlet is pre-populated and cannot be edited.

By signing and submitting this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete, and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

I AGREE: ☒

21. Authorized Representative

Prefix: The Honorable

First Name: Robert

Middle Name: E.

Last Name: Hebert

Suffix:

Title: County Judge

Telephone Number: (281) 341-8608
(Format: 123-456-7890)

Fax Number: (281) 341-8609
(Format: 123-456-7890)

Email: ann.werlein@fortbendcountytexas.gov

Signature of Authorized Representative: Considered signed upon submission in e-snaps.

Date Signed: 07/27/2017