

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 Name of business entity filing form, and the city, state and country of the business entity's place of business. EMR Elevator, Inc. Arlington, TX United States	Certificate Number: 2016-116250
2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed. Fort Bend County	Date Filed: 09/26/2016 Date Acknowledged:

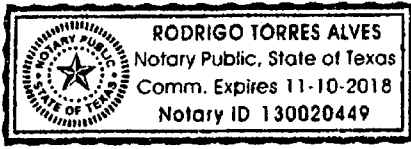
3 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract.

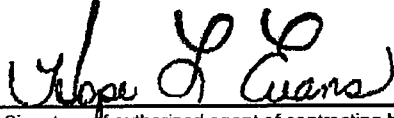
1 Month Extension of B15-027
 Elevator Maintenance

4 Name of Interested Party	City, State, Country (place of business)	Nature of Interest (check applicable)	
		Controlling	Intermediary
EMR Elevator, Inc.	Arlington, TX United States	X	

5 Check only if there is NO Interested Party.

6 AFFIDAVIT I swear, or affirm, under penalty of perjury, that the above disclosure is true and correct.






 Signature of authorized agent of contracting business entity

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Hope L. EVANS, this the 26th day of September 2016, to certify which, witness my hand and seal of office.


RODRIGO T. ALVES
NOTARY

 Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

Krejci, Cheryl

From: Lucero Lopez <lucero@emrelevator.com>
Sent: Monday, September 26, 2016 11:12 AM
To: Krejci, Cheryl
Cc: Jason Besaw; Larry Evans; Hope Evans
Subject: RE: B15-027 One Month Extension and form 1295 Request
Attachments: 1295 Form from EMR Elevator, Inc.pdf

Cheryl,

EMR agrees to extend services under the same terms and conditions, per Bid 15-027 through October 31, 2016. Attached is the 1295 form for your records.

Please do not hesitate to contact me should you have any questions or concerns.

Thank you,

Lucero Lopez

Operations Manager
EMR Elevator, Inc.
2320 Michigan Court
Arlington, TX 76016
Phone: (817)701-2400
Fax: (817)701-2404

"EMR Elevator, Inc. - Providing services including Maintenance, Repair, Modernization, and New Installation on all makes and models of elevators, escalators, and wheel chair lifts, throughout the State of Texas for over 26 years. To find out more about us check us out on the web at www.emrelevator.com."

Certifications



*** This e-mail may be privileged and confidential. If you are not the intended recipient, any distribution or other use is strictly prohibited. If you have received this e-mail message in error, please contact the sender immediately and delete this email from all computers.

Krejci, Cheryl

From: Rubio, Will <Will.Rubio@thyssenkrupp.com>
Sent: Monday, September 26, 2016 10:37 AM
To: Krejci, Cheryl; Buxton, Carl T.
Subject: RE: 1295 form
Attachments: Form 1295 - 9-23-16 Fort Bend County - elevators.pdf

Thyssenkrupp elevator will extend our services as currently stated in Bid 15-027 through October 31, 2016.
Please advise if anything further is necessary.

Regards
Will Rubio
Business Development Manager
ET-AMS

T: +1 713 849 2191, M: +1 281 928 0467, will.rubio@thyssenkrupp.com

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1 of 1

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OFFICE USE ONLY CERTIFICATION OF FILING

Certificate Number:
 2016-116250

Date Filed:
 09/26/2016

Date Acknowledged:
 09/27/2016

1 Name of business entity filing form, and the city, state and country of the business entity's place of business.

EMR Elevator, Inc.
 Arlington, TX United States

2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed.

Fort Bend County

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.

1 Month Extension of B15-027
 Elevator Maintenance

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	EMR Elevator, Inc.	Arlington, TX United States	X	

5 Check only if there is NO Interested Party.

6 AFFIDAVIT I swear, or affirm, under penalty of perjury, that the above disclosure is true and correct.

 Signature of authorized agent of contracting business entity

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

 Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

CERTIFICATE OF INTERESTED PARTIES

FORM 1295

1 of 1

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**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.
 thyssenkrupp Elevator
 Houston , TX United States

Certificate Number:
 2016-115535

Date Filed:
 09/22/2016

2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed.
 Fort Bend County

Date Acknowledged:
 09/27/2016

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.
 B15-027
 Elevator Maintenance

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			Controlling	Intermediary

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 Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath