

**FORT BEND COUNTY**  
**REQUEST FOR CHECK**

Date Requested: June 21, 2018

Check Needed By: ASAP

Fort Bend County P.O. No.:

Vendor: **Property Acquisition Services, LLC**

Address: 19855 Southwest Freeway, Suite 200  
Sugar Land, TX 77479  
Office (281) 343-7171

Project Location: Williams Way ROW Project

**Payee:** **Stewart Title Company**

Payee's Address: 14100 Southwest Freeway, Suite 200  
Sugar Land, TX 77478

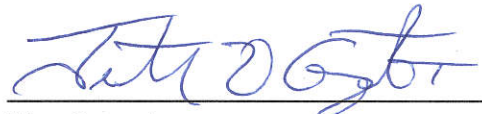
Payee's Tax ID/SS #: On File

Amount of Check: **\$79,581.95**

Description: Tract 1- A 0.7143 ACRE TRACT OF LAND IN THE JANE  
H. LONG LEAGUE, ABSTRACT 55, RICHMOND, TX  
77469 (FORT BEND)

Comments: **PLEASE RETURN CHECK TO Tim Compton / PAS**

Requested By:

  
**Tim Compton**

# 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

Certificate Number:  
2018-370591

Date Filed:  
06/20/2018

Date Acknowledged:  
07/10/2018

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

Williams Way Partnership, Ltd.  
Galveston, 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/Williams Way Partnership

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.

GF#213579  
Williams Way Track One

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary

5 Check only if there is NO Interested Party.



### 6 UNSWORN DECLARATION

My name 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 in \_\_\_\_\_ County, State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.  
(month) (year)

\_\_\_\_\_  
Signature of authorized agent of contracting business entity  
(Declarant)