

FORT BEND COUNTY
REQUEST FOR CHECK

Date Requested: January 31, 2020

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: South Post Oak

Payee: Fort Bend Title, LLC

Payee's Address: 407 Julie Rivers Drive
Sugar Land, TX 77478


Payee's Tax ID/SS #: On File

Amount of Check: **\$2,738.00**

Description: Parcel 30- Being a 0.0185 acre (805 SF) tract of land, situated in the Thomas Gleason Survey, Abstract 184, Fort Bend County, Texas.

Comments: **PLEASE RETURN CHECK TO MARK HEIDAKER / 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:
2020-581274

Date Filed:
01/27/2020

Date Acknowledged:
02/25/2020

1 Name of business entity filing form, and the city, state and country of the business entity's place of business.
Fresno Mount Corinth Missionary Baptist Church
Fresno, 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.
S Post Oak Parcel 30
S Post Oak ROW Project Parcel 30

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)