

FORT BEND COUNTY
REQUEST FOR CHECK

Date Requested: July 14, 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: OEM Expansion Parcel 003
NBF West Houston, LLC dba Two Men and a Truck/West Houston

Payee:

Payee's Address: 2004 South Mason Road, Suite D2
Katy, TX 77450

Payee's Tax ID/SS #: On File

Amount of Check: **\$3,755.12**

Description: Actual Cost Commercial Move

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

Requested By:



Tim Compton
tcompton@pascorp.net

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.
NBF West Houston LLC
Katy, TX United States

Certificate Number:
2020-640603

Date Filed:
07/07/2020

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:
07/28/2020

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.
OEM Project/ ROW Project OEM
Moving/ Packing Service

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