

FORT BEND COUNTY
REQUEST FOR CHECK

Date Requested: September 24, 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: Rohan Road Parcel 1

Payee: Fort Bend Title

Payee's Address: 407 Julie Rivers Drive, Suite 100
Sugar Land, TX 77478

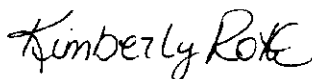
Payee's Tax ID/SS #: On File

Amount of Check: **\$5,384.33**

Description: A metes & bounds description 0.0436 acre tract of land in the William Lusk Survey, Abstract No. 276

Comments: **PLEASE RETURN CHECK TO MARK HEIDAKER / PAS**

Requested By:



KIMBERLY ROTH

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:
 2020-671300

Date Filed:
 09/24/2020

Date Acknowledged:
 11/02/2020

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

Community Focus Foundation
 Richmond, 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.

Rohan Rd - Parcel 1; 0.0436 ac
 Rohan Rd - Parcel 1; 0.0436 acre tract of land in the William Lusk Survey, Abstract No. 276

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	Maknojia, Rahim	Richmond, TX United States	X	

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)