

SECTION 1: School District Information *(continued)*3. Authorized School District Consultant *(If Applicable)*

_____	_____
First Name	Last Name
Partner	Casey
_____	_____
Title	
Moak, Casey & Associates	
_____	_____
Firm Name	
512-485-7878	512-485-7888
_____	_____
Phone Number	Fax Number
N/A	dcasey@moakcasey.com
_____	_____
Mobile Number (optional)	Email Address
4. On what date did the district determine this application complete?	February 19, 2020
5. Has the district determined that the electronic copy and hard copy are identical?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

SECTION 2: Applicant Information

1. Authorized Company Representative *(Applicant)*

_____	_____
First Name	Last Name
Vice President of Development	Gungoll
_____	_____
Title	Organization
1806 Big Canyon Drive, Austin, TX 78746	Savion, LLC
_____	_____
Street Address	
1806 Big Canyon Drive	
_____	_____
Mailing Address	
Austin	Texas
_____	_____
City	State
512-804-8944	N/A
_____	_____
Phone Number	Fax Number
N/A	wgungoll@savionenergy.com
_____	_____
Mobile Number (optional)	Business Email Address
2. Will a company official other than the authorized company representative be responsible for responding to future information requests?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2a. If yes, please fill out contact information for that person.	

_____	_____
First Name	Last Name
Sr. Development Manager	Cliff
_____	_____
Title	Organization
1806 Big Canyon Drive, Austin, TX 78746	Savion, LLC
_____	_____
Street Address	
1806 Big Canyon Drive	
_____	_____
Mailing Address	
Austin	Texas
_____	_____
City	State
512-820-5197	N/A
_____	_____
Phone Number	Fax Number
N/A	ecliff@savionenergy.com
_____	_____
Mobile Number (optional)	Business Email Address
3. Does the applicant authorize the consultant to provide and obtain information related to this application?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No