



OFFICE OF THE MEDICAL EXAMINER

CONTRACT RENEWAL AGREEMENT

DEPARTMENT: Office of the Medical Examiner

ORIGINAL APPROVAL DATE: 08/02/2023

RENEWAL EFFECTIVE DATES: January 1, 2026

RENEWAL OPTION #: 4

NUMBER OF RENEWAL OPTIONS: 4 of 5

RENEWAL AMOUNT: N/A

COMPANY'S NAME: Morehouse School of Medicine

ADDRESS: 720 Westview Drive

CITY: Atlanta

STATE: GA

ZIP: 30310

This Renewal Agreement No. ____ was approved by the Fulton County Board of Commissioners on BOC DATE: _____ BOC NUMBER: _____

SIGNATURES: SEE NEXT PAGE

SIGNATURES:

Contractor/Vendor agrees to accept the renewal option and abide by the terms and conditions set forth in the contract and specifications as referenced herein:

FULTON COUNTY, GEORGIA

[Contractor]

**Robert L. Pitts, Chairman
Fulton County Board of Commissioners**

**[Insert name]
[Insert title]**

ATTEST:

ATTEST:

**Tonya R. Grier
Clerk to the Commission**

**Secretary/
Assistant Secretary**

(Affix County Seal)

(Affix Corporate Seal)

AUTHORIZATION OF RENEWAL:

ATTEST:

**Karen E. Sullivan, MD
Office of the Medical Examiner**

Notary Public

APPROVED AS TO FORM:

County:_____

Commission Expires: _____

Office of the County Attorney

(Affix Notary Seal)

ITEM#: _____ RM: _____	ITEM#: _____ 2nd RM: _____
REGULAR MEETING	SECOND REGULAR MEETING

