

DEPARTMENT OF PURCHASING & CONTRACT COMPLIANCE

CONTRACT RENEWAL AGREEMENT

DEPARTMENT: Public Works

BID/RFP NUMBER: 22ITB093A-KM

BID/RFP TITLE: Fire Hydrants Maintenance and Repairs

ORIGINAL APPROVAL DATE: April 12, 2023

RENEWAL EFFECTIVE DATES: January 1, 2025

RENEWAL OPTION #: 2 OF 2

NUMBER OF RENEWAL OPTIONS: No renewal options remain

RENEWAL AMOUNT: \$200,000.00

COMPANY'S NAME: American Flow Services, LLC

ADDRESS: 405 Derbyshire

CITY: Conyers

STATE: GA

ZIP: 30094

This Renewal Agreement No. <u>2</u> was approved by the Fulton County Board of Commissioners on BOC DATE: ______ BOC NUMBER: _____

CERTIFICATE OF INSURANCE: The Contractor/Vendor is required to maintain insurance during the entire term of this Agreement, including any contract renewals. Upon request, the Contractor/Vendor must furnish the County a Certificate of Insurance showing the required coverage as specified in the Contract Agreement and any renewals. A current COI must be provided before the commencement of work on this project under this Contract Renewal. The cancellation of any policy of insurance required by this Agreement shall meet the requirements of notice under the laws of the State of Georgia as presently set forth in the Georgia Code.

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	American Flow Services, LLC.	
Daharth Bitta Ohairman	Michael E. Massler	
Robert L. Pitts, Chairman	Michael E. Moseley	
Fulton County Board of Commissioners	President	
ATTEST:	ATTEST:	
Tonya R. Grier	Secretary/	
•	-	
Clerk to the Commission	Assistant Secretary	
(Affine Country Cool)	(Affin Comparate Seel)	
(Affix County Seal)	(Affix Corporate Seal)	
AUTHORIZATION OF RENEWAL:	ATTEST:	
David Clark, Director	Notary Public	
Public Works		
	County:	
	Commission Expires:	
	(Affix Notary Seal)	

ITEM#:	RCS:	ITEM#:	RM:	
REGULAR MEETING		SECOND REG	SECOND REGULAR MEETING	

CERTIFICATE OF INSURANCE