



AMENDMENT #2, UNDER PO 2024

CONTRACT TO FORM

#19RFP090419K-DJ

**OPERATIONS & MAINTENANCE
SERVICES FOR WASTEWATER
FACILITIES & PUMP STATIONS**

For

DEPARTMENT OF PUBLIC WORKS

AMENDMENT NO. 2 TO FORM OF CONTRACT

Contractor: **Veolia Water North America – South, LLC.**

Contract No.: **19RFP090419K-DB, Operation & Maintenance Services for
WasteWater Facilities & Pump Stations in the North Fulton
Service Area**

Address: **387 18th Street, NW**
City, State **Atlanta, GA 30363**

Telephone: **678-925-6057**

Email: joseph.tackett@veolia.com

Contact: **Joseph Tackett,
Senior Vice President**

W I T N E S S E T H

WHEREAS, Fulton County ("County") entered into a Contract with Veolia Water North America-South, LLC., to provide operation and maintenance services at wastewater facilities and pump stations in North Fulton, dated 19th day of February 2020, on behalf of the Department of Public Works; and

WHEREAS, the County wishes to increase the spending authority to provide reliable, uninterrupted operation of the water and wastewater system operations and maintenance management systems in the North Fulton service area; and

WHEREAS, the Contractor has performed satisfactorily over the period of the contract; and

WHEREAS, this amendment was approved by the Fulton County Board of Commissioners on December 17, 2025, BOC Item #25-0982.

NOW, THEREFORE, the County and the Contractor agree as follows:

This Amendment No. 2, under 2024 PO #24SC090419K-DB, to Form of Contract is effective upon BOC approval, through March 31, 2026, or until services are no longer required as determined by Fulton County. This Amendment is entered into by and between Fulton County and Veolia Water North America - South, LLC, who agree that all services specified shall be performed in accordance with this Amendment No. 2 and the Contract Documents.

1. **SCOPE OF WORK TO BE PERFORMED:** Veolia Water North America-South LLC currently provides operation and maintenance services for the Fulton County

owned facilities & pump stations in the North Fulton Service Area, which consists of three (3) Water Reclamation Facilities, twenty-eight (28) wastewater pumping stations, forth-six (46) air release valves, and five (5) potable water pump stations. The contract was initially awarded by the Board of Commissioners on February 19, 2020, as BOC Agenda #20-0133 with an initial term of the contract between July 6, 2020, through July 5, 2025. A 120-day extension was approved by the Board of Commissioners on June 18, 2025, as BOC Agenda #25-0477 that resulted in the contract date being extended to November 3, 2025. A second extension for 57 days was approved on October 15, 2025, as BOC Agenda #25-0787, which extended the contract date to December 31, 2025.

The Department of Public Works is requesting an increase in spending authority to the 2024 PO #24SC090419K-DB with Veolia Water North America-South in the amount of \$1,995,238.07 to cover the added cost in assisting with the decommissioning of the former Big Creek wastewater plant in accordance with the master contract (#19RFP09019K-DB).

2. **COMPENSATION:** The services described under Scope of Work herein shall be performed by Contractor in an amount not to exceed \$1,995,238.07 (One Million Nine Hundred Ninety-Five Thousand Two Hundred Thirty-Eight Dollars and Seven Cents) approved by BOC.
3. **LIABILITY OF COUNTY:** This Amendment No. 2 to Form of Contract shall not become binding on the County and the County shall incur no liability upon same until such agreement has been executed by the Chair to the Commission, attested to by the Clerk to the Commission and delivered to Contractor.
4. **EFFECT OF AMENDMENT NO. 2 TO FORM OF CONTRACT:** Except as modified by this Amendment No 2 to Form of Contract, the Contract, and all Contract Documents, remain in full force and effect.

[INTENTIONALLY LEFT BLANK]

IN WITNESS WHEREOF, the Parties hereto have caused this Contract to be executed by their duly authorized representatives as attested and witnessed and their corporate seals to be hereunto affixed as of the day and year date first above written.

OWNER:

FULTON COUNTY, GEORGIA

CONTRACTOR:

**VEOLIA WATER NORTH
AMERICA – SOUTH, LLC.**

Robert L. Pitts

Robert L. Pitts, Chairman
Fulton County Board of
Commissioners

Joseph D. Tackett

Joseph Tackett, Chief Executive
Officer, Municipal Water Contract
Operations Veolia North America

ATTEST:

Tonya R. Grier

Tonya R. Grier
Clerk to the Commission

(Affix County Seal)



APPROVED AS TO FORM:

Kaye Burwell


Office of the County Attorney

APPROVED AS TO CONTENT:

David Clark

David E. Clark, Director
Department of Public Works

ITEM#: _____ RM: _____	ITEM#: 25-0982 2 ND RM: 12/17/2025
REGULAR MEETING	SECOND REGULAR MEETING



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
12/12/2024

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must have **ADDITIONAL INSURED** provisions or be endorsed. If **SUBROGATION** IS **WAIVED**, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER
MARSH USA, LLC.
155 N. WACKER, SUITE 1200
Chicago, IL 60661
Attn: Veolia.CertRequest@marsh.com | Fax: 212-948-5053

VNA BOSTN

CONTACT
NAME: Marsh | U.S. Operations
PHONE (A/C, No, Ext): 866-966-4664
E-MAIL ADDRESS: Chicago.CertRequest@marsh.com

FAX
(A/C, No): 212-948-0770

INSURER(S) AFFORDING COVERAGE

INSURER A : Everest National Insurance Company	10120
INSURER B : Everest Premier Insurance Company	16045
INSURER C : ACE Property and Casualty Insurance Company	20699
INSURER D : Berkley Assurance Company	39462
INSURER E : National Fire & Marine Insurance Co	20079
INSURER F :	

INSURED
Veolia North America, Inc.
53 State Street, 14th Floor
Boston, MA 02109

COVERAGES

CERTIFICATE NUMBER: CHI-009531609-17

REVISION NUMBER: 10

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<div><div><input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY</div><div><div>CLAIMS-MADE</div><div><input checked="" type="checkbox"/> OCCUR</div></div></div>	<input checked="" type="checkbox"/>		RM5GL00068-251	01/01/2025	01/01/2026	<div><div>EACH OCCURRENCE</div><div>DAMAGE TO RENTED PREMISES (Ea occurrence)</div><div>MED EXP (Any one person)</div><div>PERSONAL & ADV INJURY</div><div>GENERAL AGGREGATE</div><div>PRODUCTS - COMP/OP AGG</div></div> <div>\$10,000,000</div> <div>\$1,000,000</div> <div>\$10,000</div> <div>\$10,000,000</div> <div>\$25,000,000</div> <div>\$10,000,000</div>
A	<div><div><input checked="" type="checkbox"/> AUTOMOBILE LIABILITY</div><div><div>ANY AUTO</div><div><div>OWNED AUTOS ONLY</div><div><input type="checkbox"/> SCHEDULED AUTOS</div></div><div><div>HIRED AUTOS ONLY</div><div><input type="checkbox"/> NON-OWNED AUTOS ONLY</div></div></div></div>	<input checked="" type="checkbox"/>		RM5CA00066-251 (AOS) RM5CA00065-251 (MA)	01/01/2025 01/01/2025	01/01/2026 01/01/2026	<div><div>COMBINED SINGLE LIMIT (Ea accident)</div><div>BODILY INJURY (Per person)</div><div>BODILY INJURY (Per accident)</div><div>PROPERTY DAMAGE (Per accident)</div></div> <div>\$10,000,000</div> <div>\$</div> <div>\$</div> <div>\$</div>
C	<div><div><input checked="" type="checkbox"/> UMBRELLA LIAB</div><div><div>EXCESS LIAB</div><div><input checked="" type="checkbox"/> CLAIMS-MADE</div></div></div>	<input checked="" type="checkbox"/>		XEU G27927865 010	01/01/2025	01/01/2026	<div><div>EACH OCCURRENCE</div><div>AGGREGATE</div></div> <div>\$2,000,000</div> <div>\$2,000,000</div>
B	<div><div><input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</div><div><div>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)</div><div><div>Y / N</div><div><input checked="" type="checkbox"/> N</div></div></div></div>		N/A	RM5WC00092-251 (AOS) RM5WC00094-251 (FL, ME, NJ) RM5WC00095-251 (WI, MA)	01/01/2025 01/01/2025 01/01/2025	01/01/2026 01/01/2026 01/01/2026	<div><div><div><input checked="" type="checkbox"/> PER STATUTE</div><div><input type="checkbox"/> OTH-ER</div></div><div>E.L. EACH ACCIDENT</div><div>E.L. DISEASE - EA EMPLOYEE</div><div>E.L. DISEASE - POLICY LIMIT</div></div> <div>\$</div> <div>\$1,000,000</div> <div>\$1,000,000</div> <div>\$1,000,000</div>
E	CPL - SIR: \$1,000,000			42-CPL-326094-03	01/01/2025	01/01/2026	<div>Occurrence/Aggregate</div> <div>\$5,000,000</div>
D	E&O - SIR: \$25,000,000			PCAB-5026762-0125	01/01/2025	01/01/2026	<div>Per Claim/Aggregate</div> <div>\$5,000,000</div>

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

19RFP090419K-DB - Operation & Maintenance \O&M\ Services for Wastewater Facilities & Pump Stations in the North Fulton Service Area.

Fulton County Government is included as additional insured (except as respects all coverage afforded by workers' compensation and professional liability) where required by written contract but only for liability arising out of the operations of the named insured. This insurance is primary and non-contributory over any existing insurance and limited to liability arising out of the operations of the named insured and where required by written contract. A waiver of subrogation is granted as required by written contract but only for liability arising out of the operations of the named insured.

CERTIFICATE HOLDER

CANCELLATION

Fulton County Government
Purchasing and Contract Compliance Department
130 Peachtree Street SW Suite 1168
Atlanta, GA 30303-3459

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Marsh USA Inc.

ACORD 25 (2016/03)

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AGENCY CUSTOMER ID: CN102584993

LOC #: Chicago



ADDITIONAL REMARKS SCHEDULE

AGENCY MARSH USA, LLC.		NAMED INSURED Veolia North America, Inc. 53 State Street, 14th Floor Boston, MA 02109
POLICY NUMBER		
CARRIER	NAIC CODE	EFFECTIVE DATE:

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

COIs with a lower SIR can be generated if requested by Veolia.

POLICY NUMBER: RM5GL00068251

COMMERCIAL GENERAL LIABILITY
CG 20 10 12 19**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.****ADDITIONAL INSURED – OWNERS, LESSEES OR
CONTRACTORS – SCHEDULED PERSON OR
ORGANIZATION**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s)	Location(s) Of Covered Operations
ANY PERSON OR ORGANIZATION THAT ENTERED INTO A WRITTEN CONTRACT WITH THE NAMED INSURED REQUIRING SUCH PERSON(S) OR ORGANIZATION(S) TO BE NAMED AS AN ADDITIONAL INSURED	AS REQUIRED BY WRITTEN CONTRACT
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.	

A. Section II – Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by:

1. Your acts or omissions; or
2. The acts or omissions of those acting on your behalf;

in the performance of your ongoing operations for the additional insured(s) at the location(s) designated above.

However:

1. The insurance afforded to such additional insured only applies to the extent permitted by law; and
2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

B. With respect to the insurance afforded to these additional insureds, the following additional exclusions apply:

This insurance does not apply to "bodily injury" or "property damage" occurring after:

1. All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the location of the covered operations has been completed; or
2. That portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.

C. With respect to the insurance afforded to these additional insureds, the following is added to **Section III – Limits Of Insurance:**

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement; or

2. Available under the applicable limits of insurance;
whichever is less.

This endorsement shall not increase the applicable limits of insurance.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

12/17/2025

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PRODUCER MARSH USA, LLC. 155 N. WACKER, SUITE 1200 Chicago, IL 60661 Attn: Veolia.CertRequest@marsh.com Fax: 212-948-5053 VNA BOSTN		CONTACT NAME: Marsh Business & Client Services PHONE (A/C, No. Ext): FAX (A/C, No): E-MAIL ADDRESS: Chicago.CertRequest@marsh.com	
		INSURER(S) AFFORDING COVERAGE	
		INSURER A: Everest National Insurance Company	
		INSURER B: Everest Premier Insurance Company	
		INSURER C: ACE Property and Casualty Insurance Company	
		INSURER D: Berkley Assurance Company	
		INSURER E: National Fire & Marine Insurance Co	
		INSURER F:	

COVERAGES

CERTIFICATE NUMBER:

CHI-009531609-17

REVISION NUMBER: 10

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:	Y		RM5GL00068-252	12/31/2025	01/01/2027	EACH OCCURRENCE \$ 10,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 10,000,000 GENERAL AGGREGATE \$ 25,000,000 PRODUCTS - COMP/OP AGG \$ 10,000,000
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY	Y		RM5CA00066-252 (AOS) RM5CA00065-252 (MA)	12/31/2025 12/31/2025	01/01/2027 01/01/2027	COMBINED SINGLE LIMIT (Ea accident) \$ 10,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$	Y		XEU G27927865 011	12/31/2025	01/01/2027	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input checked="" type="checkbox"/> Y <input checked="" type="checkbox"/> N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	RM5WC00092-252 (AOS) RM5WC00094-252 (FL,ME,NJ) RM5WC00095-252 (WI,MA)	12/31/2025 12/31/2025 12/31/2025	01/01/2027 01/01/2027 01/01/2027	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
E	CPL - SIR: \$1,000,000			42-CPL-326094-04	01/01/2026	01/01/2027	Occurrence/Aggregate \$ 5,000,000
D	E&O - SIR: \$25,000,000			PCAB-5030112-0126	01/01/2026	01/01/2027	Per Claim/Aggregate \$ 5,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

19RFP090419K-DB - Operation & Maintenance (O&M) Services for Wastewater Facilities & Pump Stations in the North Fulton Service Area.

Fulton County Government is included as additional insured (except as respects all coverage afforded by workers' compensation and professional liability) where required by written contract but only for liability arising out of the operations of the named insured. This insurance is primary and non-contributory over any existing insurance and limited to liability arising out of the operations of the named insured and where required by written contract. A waiver of subrogation is granted as required by written contract but only for liability arising out of the operations of the named insured.

CERTIFICATE HOLDER

CANCELLATION

Fulton County Government Purchasing and Contract Compliance Department 130 Peachtree Street SW Suite 1168 Atlanta, GA 30303-3459	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE <i>Marsh USA Inc.</i>
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POLICY NUMBER: RM5GL00068252

COMMERCIAL GENERAL LIABILITY
CG 20 10 12 19**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.****ADDITIONAL INSURED – OWNERS, LESSEES OR
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SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s)	Location(s) Of Covered Operations
ANY PERSON OR ORGANIZATION THAT ENTERED INTO A WRITTEN CONTRACT WITH THE NAMED INSURED REQUIRING SUCH PERSON(S) OR ORGANIZATION(S) TO BE NAMED AS AN ADDITIONAL INSURED	AS REQUIRED BY WRITTEN CONTRACT
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.	

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1. Your acts or omissions; or
2. The acts or omissions of those acting on your behalf;

in the performance of your ongoing operations for the additional insured(s) at the location(s) designated above.

However:

1. The insurance afforded to such additional insured only applies to the extent permitted by law; and
2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

B. With respect to the insurance afforded to these additional insureds, the following additional exclusions apply:

This insurance does not apply to "bodily injury" or "property damage" occurring after:

1. All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the location of the covered operations has been completed; or
2. That portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.

C. With respect to the insurance afforded to these additional insureds, the following is added to Section III – Limits Of Insurance:

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement; or

2. Available under the applicable limits of insurance;

whichever is less.

This endorsement shall not increase the applicable limits of insurance.

Certificate Of Completion

Envelope Id: EEDF85D4-269F-4C34-BDD2-DECA3041CEE6		Status: Completed
Subject: 19RFP090419K-DB O&M increase of \$1,995,238.07 to Veolia		
Parcel ID:		
Employee Name:		
Source Envelope:		
Document Pages: 11	Signatures: 5	Envelope Originator:
Certificate Pages: 6	Initials: 0	Darlene Banks
AutoNav: Enabled	Stamps: 1	141 Pryor Street
EnvelopeId Stamping: Enabled		Purchasing & Contract Compliance, Suite 1168
Time Zone: (UTC-08:00) Pacific Time (US & Canada)		Atlanta, GA 30303
		darlene.banks@fultoncountyga.gov
		IP Address: 74.174.59.4

Record Tracking

Status: Original	Holder: Darlene Banks	Location: DocuSign
12/18/2025 9:30:32 AM	darlene.banks@fultoncountyga.gov	
Security Appliance Status: Connected	Pool: StateLocal	
Storage Appliance Status: Connected	Pool: Fulton County Government	Location: Docusign

Signer Events

Signer Events	Signature	Timestamp
Joseph A. Tackett joseph.tackett@veolia.com President Security Level: Email, Account Authentication (None)	 Signature Adoption: Pre-selected Style Using IP Address: 2601:248:5781:14b0:c882:16df:3a71:3027 Signed using mobile	Sent: 12/18/2025 9:35:29 AM Viewed: 12/18/2025 4:03:10 PM Signed: 12/18/2025 4:09:53 PM


Electronic Record and Signature Disclosure:
Accepted: 12/18/2025 4:09:47 PM
ID: dc75fa14-723a-485d-bd6b-dfd73054baff

David Clark david.clark@fultoncountyga.gov Director Public Works Security Level: Email, Account Authentication (None)	 Signature Adoption: Pre-selected Style Using IP Address: 2601:c6:cb00:8910:3473:179b:28a5:3080 Signed using mobile	Sent: 12/18/2025 4:09:56 PM Viewed: 12/18/2025 4:21:45 PM Signed: 12/18/2025 4:21:53 PM
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Electronic Record and Signature Disclosure:
Accepted: 11/13/2017 10:07:14 AM
ID: 62e0a41e-60ea-4640-a1cb-69bfc2cfa732

Kaye Burwell kaye.burwell@fultoncountyga.gov Deputy County Attorney Security Level: Email, Account Authentication (None)	 Signature Adoption: Pre-selected Style Using IP Address: 2601:586:5601:2190:bc00:2c47:f0db:6248	Sent: 12/18/2025 4:21:54 PM Resent: 12/19/2025 11:39:04 AM Resent: 12/22/2025 4:24:39 AM Resent: 12/22/2025 10:22:52 AM Viewed: 12/22/2025 10:49:53 AM Signed: 12/22/2025 10:52:30 AM
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Electronic Record and Signature Disclosure:
Accepted: 12/22/2025 10:49:53 AM
ID: 788266c6-0d52-4d83-b3f6-01b5adb6b77b

Signer Events	Signature	Timestamp
<p>Nikki Peterson nikki.peterson@fultoncountyga.gov Chief Deputy Clerk to the Board of Commissioners Fulton County Government Security Level: Email, Account Authentication (None)</p> <p>Electronic Record and Signature Disclosure: Accepted: 11/27/2017 10:39:37 AM ID: b7ce88ee-0c66-4f3a-bfee-705e0af602d8</p>	<p>Completed</p> <p>Using IP Address: 134.231.232.250</p>	<p>Sent: 12/22/2025 10:52:31 AM Viewed: 12/29/2025 7:46:58 AM Signed: 12/29/2025 7:47:26 AM</p>
<p>Robert L. Pitts harriet.thomas@fultoncountyga.gov Chairman Fulton County Security Level: Email, Account Authentication (None)</p> <p>Electronic Record and Signature Disclosure: Accepted: 12/29/2025 7:53:50 AM ID: 3feabcc9-00c0-44a2-838a-94a150f3e4e8</p>	<p><i>Robert L. Pitts</i></p> <p>Signature Adoption: Pre-selected Style Using IP Address: 74.174.59.10</p>	<p>Sent: 12/29/2025 7:47:27 AM Viewed: 12/29/2025 7:53:50 AM Signed: 12/29/2025 7:53:59 AM</p>
<p>Tonya Grier tonya.grier@fultoncountyga.gov Clerk to the Commission Fulton County Government Security Level: Email, Account Authentication (None)</p> <p>Electronic Record and Signature Disclosure: Accepted: 10/27/2025 8:21:47 AM ID: 4889b84d-8ea3-4ba9-bf87-bf4c309e21ab</p>	<p><i>Tonya Grier</i></p>  <p>Signature Adoption: Uploaded Signature Image Using IP Address: 74.174.59.10</p>	<p>Sent: 12/29/2025 7:54:01 AM Viewed: 12/29/2025 7:55:26 AM Signed: 12/29/2025 7:55:41 AM</p>

In Person Signer Events	Signature	Timestamp
Editor Delivery Events	Status	Timestamp
Agent Delivery Events	Status	Timestamp
Intermediary Delivery Events	Status	Timestamp
Certified Delivery Events	Status	Timestamp
Carbon Copy Events	Status	Timestamp
<p>Darlene Banks darlene.banks@fultoncountyga.gov Assistant Purchasing Agent Fulton County Government Security Level: Email, Account Authentication (None)</p> <p>Electronic Record and Signature Disclosure: Not Offered via DocuSign</p>	<p>COPIED</p>	<p>Sent: 12/18/2025 4:09:55 PM Resent: 12/29/2025 7:55:49 AM</p>

Carbon Copy Events	Status	Timestamp
Darlene Banks darlene.banks@fultoncountyga.gov Assistant Purchasing Agent Fulton County Government Security Level: Email, Account Authentication (None) Electronic Record and Signature Disclosure: Not Offered via DocuSign	COPIED	Sent: 12/29/2025 7:55:43 AM Resent: 12/29/2025 7:55:51 AM
Dian DeV Vaughn dian.dev Vaughn@futoncountyga.gov Security Level: Email, Account Authentication (None) Electronic Record and Signature Disclosure: Not Offered via DocuSign	COPIED	Sent: 12/29/2025 7:55:45 AM
Jason Costa jason.costa@veolia.com Security Level: Email, Account Authentication (None) Electronic Record and Signature Disclosure: Accepted: 4/22/2025 1:56:54 PM ID: 9d22ca86-048b-4427-bc13-8418b40e42c5	COPIED	Sent: 12/29/2025 7:55:46 AM Viewed: 12/29/2025 8:35:00 AM
Witness Events	Signature	Timestamp
Notary Events	Signature	Timestamp
Envelope Summary Events	Status	Timestamps
Envelope Sent	Hashed/Encrypted	12/18/2025 9:35:29 AM
Envelope Updated	Security Checked	12/22/2025 10:20:49 AM
Certified Delivered	Security Checked	12/29/2025 7:55:26 AM
Signing Complete	Security Checked	12/29/2025 7:55:41 AM
Completed	Security Checked	12/29/2025 7:55:46 AM
Payment Events	Status	Timestamps
Electronic Record and Signature Disclosure		

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