



DEPARTMENT OF PURCHASING & CONTRACT COMPLIANCE

CONTRACT RENEWAL AGREEMENT

DEPARTMENT: Real Estate and Asset Management

BID/RFP# NUMBER: 23ITB073123C-MH

BID/RFP# TITLE: Elevator and Escalator Maintenance Services

ORIGINAL APPROVAL DATE: 11/15/2023

RENEWAL EFFECTIVE DATES: 1/ 1/ 2025 **THROUGH** 12/ 31/2025

RENEWAL OPTION #: 1 OF 2

NUMBER OF RENEWAL OPTIONS: 2

RENEWAL AMOUNT: \$400,000.00

COMPANY'S NAME: Mowrey Elevator Company of Florida, Inc.

ADDRESS: 4518 Lafayette Street

CITY: Marianna

STATE: FL

ZIP: 32446

This Renewal Agreement No. ____ 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

**MOWREY ELEVATOR COMPNAY OF
FLORIDA, INC.**

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

**Jim Roth
Area Representative**

ATTEST:

ATTEST:

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

**Secretary/
Assistant Secretary**

(Affix County Seal)

(Affix Corporate Seal)

AUTHORIZATION OF RENEWAL:

ATTEST:

**Joseph N. Davis, Director
Department of Real Estate and Asset
Management**

Notary Public

County:_____

Commission Expires: _____

(Affix Notary Seal)

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| ITEM#: _____ RM: _____ REGULAR MEETING | ITEM#: _____ 2ND RM: _____ SECOND REGULAR MEETING |
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CERTIFICATE OF INSURANCE