



**FULTON
COUNTY**

**AMENDMENT #4
CONTRACT TO FORM**

#19RFP090419K-DJ

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

For

DEPARTMENT OF PUBLIC WORKS

AMENDMENT NO. 4 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 extend the existing contract 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 #25-0981.

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

This Amendment No. 4 to Form of Contract is effective January 1, 2026, 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. 4 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.

This third contract extension will continue the same three financial elements of the original contract, which include a Fixed Base Service Fee, Maintenance Allowance, and Contingency Allowance. Additional information regarding each of the three financial elements is below:

- The Fixed Service Fee is the amount charged by the contractor to operate and maintain all of the North Fulton Managed Assets in compliance with the terms of the contract.
- The Maintenance Allowance will be used to repair/replace major equipment or upgrade the Managed Assets at the County's sole discretion.
- The Contingency Allowance will be used to finance unforeseen and variable expenses during the term at the County's sole discretion

2. **COMPENSATION:** The services described under Scope of Work herein shall be performed by Contractor in an amount not to exceed \$5,641,222.93 (Five Million Six Hundred Forty-One Thousand Two Hundred Twenty-Two Dollars and Ninety-Three Cents) approved by BOC.
3. **LIABILITY OF COUNTY:** This Amendment No. 4 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. [INSERT NUMBER] TO FORM OF CONTRACT:** Except as modified by this Amendment No 4 to Form of Contract, the Contract, and all Contract Documents, remain in full force and effect.

[INTENTIONALLY LEFT BLANK]

IN WITNESS THEREOF, 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 A. Tackett

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

ATTEST:

Tonya R. Grier

Tonya R. Grier
Clerk to the Board of Commissioners

(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#: 25-0981 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 FAX (A/C, No): 212-948-0770 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

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	<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 OTHER:	X		RM5GL00068-251	01/01/2025	01/01/2026	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	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	X		RM5CA00066-251 (AOS) RM5CA00065-251 (MA)	01/01/2025 01/01/2025	01/01/2026 01/01/2026	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 \$	X		XEU G27927865 010	01/01/2025	01/01/2026	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	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	<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-326094-03	01/01/2025	01/01/2026	Occurrence/Aggregate \$ 5,000,000
D	E&O - SIR: \$25,000,000			PCAB-5026762-0125	01/01/2025	01/01/2026	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

Marsh USA Inc.

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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:	

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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	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
	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 OTHER:						
A	AUTOMOBILE LIABILITY	Y		RM5CA00066-252 (AOS)	12/31/2025	01/01/2027	COMBINED SINGLE LIMIT (Ea accident) \$ 10,000,000
A	<input checked="" type="checkbox"/> ANY AUTO			RM5CA00065-252 (MA)	12/31/2025	01/01/2027	BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY						
C	<input checked="" type="checkbox"/> UMBRELLA LIAB	Y		XEU G27927865 011	12/31/2025	01/01/2027	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000
	<input checked="" type="checkbox"/> EXCESS LIAB						
	DED <input type="checkbox"/> RETENTION \$ <input type="checkbox"/>						
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	Y/N		RM5WC00092-252 (AOS)	12/31/2025	01/01/2027	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER
B	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N	N/A	RM5WC00094-252 (FL,ME,NJ)	12/31/2025	01/01/2027	E.L. EACH ACCIDENT \$ 1,000,000
B	If yes, describe under DESCRIPTION OF OPERATIONS below			RM5WC00095-252 (WI,MA)	12/31/2025	01/01/2027	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

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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>

© 1988-2016 ACORD CORPORATION. All rights reserved.

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
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.	

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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: 1C837209-B1F5-4546-97FA-AA55EE7CF3E8
 Subject: 19RFP090419K-DB O&M Amend 4 and ext. to 3-31-2026
 Parcel ID:
 Employee Name:
 Source Envelope:
 Document Pages: 11
 Certificate Pages: 6
 AutoNav: Enabled
 Envelopeld Stamping: Enabled
 Time Zone: (UTC-08:00) Pacific Time (US & Canada)

Status: Completed
 Envelope Originator:
 Darlene Banks
 141 Pryor Street
 Purchasing & Contract Compliance, Suite 1168
 Atlanta, GA 30303
 darlene.banks@fultoncountyga.gov
 IP Address: 74.174.59.4

Record Tracking

Status: Original 12/18/2025 9:08:45 AM	Holder: Darlene Banks darlene.banks@fultoncountyga.gov	Location: DocuSign
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 9:14:15 AM Viewed: 12/18/2025 4:01:31 PM Signed: 12/18/2025 4:08:58 PM

Electronic Record and Signature Disclosure:
 Accepted: 12/18/2025 4:07:51 PM
 ID: 27a2b2bf-d9a2-44ea-abc1-e683eea1a9c7

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 4:09:00 PM Viewed: 12/18/2025 4:21:23 PM Signed: 12/18/2025 4:21:26 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: 74.174.59.10	Sent: 12/18/2025 4:21:27 PM Resent: 12/19/2025 11:39:59 AM Resent: 12/19/2025 12:10:21 PM Resent: 12/19/2025 1:42:06 PM Resent: 12/22/2025 4:24:35 AM Viewed: 12/22/2025 8:41:15 AM Signed: 12/23/2025 9:55:06 AM
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Electronic Record and Signature Disclosure:
 Accepted: 12/23/2025 9:54:54 AM
 ID: fb79efd3-8d04-4c52-be9e-b352f2e2059c

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: 12/23/2025 9:55:08 AM Viewed: 12/29/2025 7:47:44 AM Signed: 12/29/2025 7:48:08 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 7:52:59 AM ID: 8a9ff965-6ceb-45fb-b7d4-98dfcafcbc65</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 7:48:10 AM Viewed: 12/29/2025 7:52:59 AM Signed: 12/29/2025 7:53:10 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 7:53:12 AM Viewed: 12/29/2025 7:54:18 AM Signed: 12/29/2025 7:54:45 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>	<div>COPIED</div>	<p>Sent: 12/18/2025 4:08:59 PM Resent: 12/29/2025 7:54:53 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 7:54:48 AM Resent: 12/29/2025 7:54:56 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 7:54:49 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 7:54:50 AM Viewed: 12/29/2025 8:35:51 AM
Witness Events	Signature	Timestamp
Notary Events	Signature	Timestamp
Envelope Summary Events	Status	Timestamps
Envelope Sent	Hashed/Encrypted	12/18/2025 9:14:15 AM
Envelope Updated	Security Checked	12/22/2025 10:23:40 AM
Certified Delivered	Security Checked	12/29/2025 7:54:18 AM
Signing Complete	Security Checked	12/29/2025 7:54:45 AM
Completed	Security Checked	12/29/2025 7:54:50 AM
Payment Events	Status	Timestamps
Electronic Record and Signature Disclosure		

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PDF Reader:	Acrobat® or similar software may be required to view and print PDF files
Screen Resolution:	800 x 600 minimum
Enabled Security Settings:	Allow per session cookies

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