



**DEPARTMENT OF PURCHASING & CONTRACT COMPLIANCE**

**CONTRACT RENEWAL AGREEMENT**

**DEPARTMENT:** Real Estate and Asset Management

**BID/RFP# NUMBER:** 22ITB134934C-MH

**BID/RFP# TITLE:** Moving Services

**ORIGINAL APPROVAL DATE:** 11/16/2022

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

**RENEWAL OPTION #:** 2 OF 2

**NUMBER OF RENEWAL OPTIONS:** 2

**RENEWAL AMOUNT:** \$100,000.00

**COMPANY'S NAME:** ALS Van Line Services, Inc.

**ADDRESS:** 6025 LaGrange Blvd.

**CITY:** Atlanta

**STATE:** GA

**ZIP:** 30336

**This Renewal Agreement No. 2 was approved by the Fulton County Board of Commissioners on BOC DATE: 11/6/2024 BOC NUMBER: 24-0729**

**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**

Signed by:

*Robert L. Pitts*

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

**ATTEST:**

DocuSigned by:

*Tonya R. Grier*

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

**(Affix County Seal)**



**AUTHORIZATION OF RENEWAL:**

Signed by:

*Joseph N. Davis*

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

**ALS VAN LINE SERVICES, INC.**

Signed by:

*Jack Walsh*

**Jack Walsh  
Vice President of Sales**

**ATTEST:**

**Secretary/  
Assistant Secretary**

**(Affix Corporate Seal)**

**ATTEST:**

Signed by:

*Stephanie L. Flowers*

**Notary Public**

**County:** Douglas

**Commission Expires:** May 13, 2025

**(Affix Notary Seal)**



**ITEM#: 24-0729 RM: 11/6/2024  
REGULAR MEETING**

**ITEM#: 2<sup>nd</sup> RM:   
SECOND REGULAR MEETING**

# CERTIFICATE OF INSURANCE





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

11/19/2024

**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).**

<b>PRODUCER</b> Aegis Insurance Services, Powered by Hylant 5755 North Point Pkwy Ste 277 Alpharetta GA 30022	<b>CONTACT</b> NAME: Amy DiGiorgio PHONE (A/C, No, Ext): 470-747-4607 E-MAIL ADDRESS: adigiorgio@aegis-online.com FAX (A/C, No): 770-667-8348														
<b>INSURED</b> ALS Van Lines Services, Inc 6025 LaGrange Blvd SW Atlanta GA 30336-2817	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: center;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: center;">NAIC #</th> </tr> <tr> <td>INSURER A : Wesco Insurance Company</td> <td style="text-align: center;">25011</td> </tr> <tr> <td>INSURER B : Acceptance Indemnity Insurance Company</td> <td style="text-align: center;">20010</td> </tr> <tr> <td>INSURER C : Hanover Insurance Company</td> <td style="text-align: center;">22292</td> </tr> <tr> <td>INSURER D : Lloyd's</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : Wesco Insurance Company	25011	INSURER B : Acceptance Indemnity Insurance Company	20010	INSURER C : Hanover Insurance Company	22292	INSURER D : Lloyd's		INSURER E :		INSURER F :	
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INSURER D : Lloyd's															
INSURER E :															
INSURER F :															

**COVERAGES****CERTIFICATE NUMBER:** 1719891581**REVISION NUMBER:**

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"/> <b>COMMERCIAL GENERAL LIABILITY</b> <div style="display: flex; justify-content: space-between;"> <div> <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:         </div> <div> <input type="checkbox"/> </div> </div>	Y		WPP2026518-01	10/3/2024	10/3/2025	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	<input checked="" type="checkbox"/> <b>AUTOMOBILE LIABILITY</b> <div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> ANY AUTO  <input type="checkbox"/> OWNED AUTOS ONLY  <input checked="" type="checkbox"/> HIRED AUTOS ONLY           </div> <div> <input type="checkbox"/> SCHEDULED AUTOS  <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY           </div> </div>	Y		WPP2026519-01	10/3/2024	10/3/2025	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Hired Physical Damage \$ 1,000 Deductible
D	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> <b>EXCESS LIAB</b> <div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> OCCUR  <input type="checkbox"/> CLAIMS-MADE            DED RETENTION \$         </div> <div> <input type="checkbox"/> </div> </div>			SCT1385424	10/3/2024	10/3/2025	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000 \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y / N	N / A				<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> PER STATUTE  <input type="checkbox"/> OTH-ER           </div> <div>             E.L. EACH ACCIDENT \$              E.L. DISEASE - EA EMPLOYEE \$              E.L. DISEASE - POLICY LIMIT \$           </div> </div>
B C	Excess Liability Cargo Liability			EMM0000466-04 RHA D149864-01	10/3/2024 10/3/2024	10/3/2025 10/3/2025	Aggregate/Occurr 3,000,000 Any One Motor Truck 200,000 Any One Occurrence 500,000

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

Certificate holder is added as additional insured with respect to general liability and automobile liability per the terms and conditions of forms CG2026 and CA990312 subject to all policy terms and conditions.

**CERTIFICATE HOLDER****CANCELLATION**

Fulton County Government  
 Purchasing Department  
 130 Peachtree Street SW  
 Suite 1168  
 Atlanta, GA 30303

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

*Judy K. Wilson*

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POLICY NUMBER: WPP2026519-01

COMMERCIAL AUTO  
CA990312 0514

THE ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

BLANKET ADDITIONAL INSURED

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM  
MOTOR CARRIER COVERAGE FORM  
TRUCKERS COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by this endorsement.

This endorsement identifies person(s) or organization(s) who are “insureds” under the **Who Is An Insured** Provision of the Coverage Form. This endorsement does not alter coverage provided in the Coverage Form.

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below

Endorsement Effective: 11/19/2024	Countersigned By: 
Named Insured: ALS Van Lines Services, Inc	

SCHEDULE

Endorsement Premium
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A. **Section II – Who Is An Insured** is amended to include as an “insured” *any person or organization for whom you are performing operations when you and such person or organization have agreed in writing in a contract or agreement that such person or organization be added as an additional insured on your policy.*

Such person or organization is an additional insured only with respect to liability arising out of your ongoing operations performed for that “insured”. *A person’s or organization’s status as an “insured” under this endorsement ends when your operations for that “insured” are complete.*

POLICY NUMBER: WPP2026518-01

COMMERCIAL GENERAL LIABILITY  
CG 20 26 04 13

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

## ADDITIONAL INSURED – DESIGNATED 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):**

Shippers, landlords, and van line noted below where moves are to occur per certificates on file with the issuing company. Such insurance as is afforded by this policy for the benefit of the Additional Insured Person(s) or Organization(s) shall be primary insurance, and any other insurance maintained by the additional insured(s) shall be excess and noncontributory as respects any claim, loss or liability which is determined to be solely the result of the additional insured's negligence or solely the additional insured's responsibility.

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 your acts or omissions or the acts or omissions of those acting on your behalf:

1. In the performance of your ongoing operations; or
2. In connection with your premises owned by or rented to you.

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 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 shown in the Declarations;
- whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.

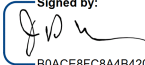
Certificate Of Completion

Envelope Id: 46D44C6D16BF4A518B3165A054033A77		Status: Completed
Subject: Renewal ALS Van Line Agenda #24-0729 Date: November 6, 2024		
Parcel ID:		
Source Envelope:		
Document Pages: 6	Signatures: 5	Envelope Originator:
Certificate Pages: 6	Initials: 0	Mark Hawks
AutoNav: Enabled	Stamps: 2	141 Pryor Street
Envelopeld Stamping: Enabled		Purchasing & Contract Compliance, Suite 1168
Time Zone: (UTC-08:00) Pacific Time (US & Canada)		Atlanta, GA 30303
		mark.hawks@fultoncountyga.gov
		IP Address: 45.20.200.178

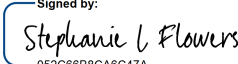

Record Tracking

Status: Original	Holder: Mark Hawks	Location: DocuSign
11/16/2024 4:04:02 AM	mark.hawks@fultoncountyga.gov	
Security Appliance Status: Connected	Pool: StateLocal	
Storage Appliance Status: Connected	Pool: Fulton County Government	Location: DocuSign

Signer Events

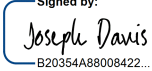
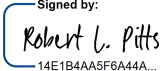
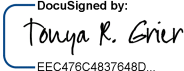

Signer Events	Signature	Timestamp
jack Walsh jwalsh@alsvanlines.com VP of Sales Security Level: Email, Account Authentication (None)	<div>Signed by:  B0ACE8FC8A4B420...</div> <div>Signature Adoption: Drawn on Device Using IP Address: 199.16.178.126</div>	Sent: 11/16/2024 4:12:12 AM Viewed: 11/16/2024 5:13:09 AM Signed: 11/19/2024 10:15:20 AM

Electronic Record and Signature Disclosure:  
Accepted: 11/16/2024 5:13:09 AM  
ID: 9823ac25-8a61-4348-b300-9fd1d8047163

Stephanie L Flowers sflowers@alsvanlines.com Security Level: Email, Account Authentication (None)	<div>Signed by:  052C66B8CA6C47A...</div> <div></div> <div>Signature Adoption: Pre-selected Style Using IP Address: 199.16.178.126</div>	Sent: 11/19/2024 10:15:22 AM Viewed: 11/19/2024 10:27:36 AM Signed: 11/19/2024 10:29:41 AM
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Electronic Record and Signature Disclosure:  
Accepted: 11/19/2024 10:27:36 AM  
ID: 396e903e-049c-4aca-a86b-7d47bc2e0146

Mark Hawks mark.hawks@fultoncountyga.gov Chief Assistant Purchasing Agent Purchasing and Contract Compliance Security Level: Email, Account Authentication (None)	<div>Completed</div> <div>Using IP Address: 74.174.59.4</div>	Sent: 11/19/2024 10:29:43 AM Viewed: 11/19/2024 11:09:39 AM Signed: 11/19/2024 11:10:04 AM
Electronic Record and Signature Disclosure: Not Offered via DocuSign		

Signer Events	Signature	Timestamp
Joseph Davis joseph.davis@fultoncountyga.gov Director Security Level: Email, Account Authentication (None)  <b>Electronic Record and Signature Disclosure:</b> Accepted: 11/21/2024 1:04:45 AM ID: 1b8ee90c-764e-4445-9980-dc106f0ef3c0	<div>Signed by:  B20354A88008422...</div> Signature Adoption: Pre-selected Style Using IP Address: 69.236.118.50 Signed using mobile	Sent: 11/19/2024 11:10:07 AM Viewed: 11/19/2024 11:13:51 AM Signed: 11/21/2024 5:50:56 AM
Nikki Peterson nikki.peterson@fultoncountyga.gov Chief Deputy Clerk to the Board of Commissioners Fulton County Government Security Level: Email, Account Authentication (None) <b>Electronic Record and Signature Disclosure:</b> Accepted: 11/27/2017 10:39:37 AM ID: b7ce88ee-0c66-4f3a-bfee-705e0af602d8	<b>Completed</b>  Using IP Address: 68.208.197.4	Sent: 11/21/2024 5:50:59 AM Viewed: 11/21/2024 9:32:35 AM Signed: 11/21/2024 9:33:59 AM
Robert L. Pitts harriet.thomas@fultoncountyga.gov Chairman Security Level: Email, Account Authentication (None)  <b>Electronic Record and Signature Disclosure:</b> Accepted: 11/21/2024 1:49:46 PM ID: 1971b9d2-8b0e-4cd8-a96f-aa3284532c16	<div>Signed by:  14E1B4A5F6A44A...</div> Signature Adoption: Pre-selected Style Using IP Address: 68.208.197.4	Sent: 11/21/2024 9:34:02 AM Viewed: 11/21/2024 1:49:46 PM Signed: 11/21/2024 1:49:56 PM
Tonya R. Grier tonya.grier@fultoncountyga.gov Clerk to the Commission Fulton County Security Level: Email, Account Authentication (None)  <b>Electronic Record and Signature Disclosure:</b> Accepted: 3/16/2018 7:54:59 AM ID: f3f241e8-3027-4447-9476-6cf20ae25dd4	<div>DocuSigned by:  EEC476C4837648D...</div>   Signature Adoption: Pre-selected Style Using IP Address: 99.96.24.191	Sent: 11/21/2024 1:50:00 PM Viewed: 11/21/2024 3:49:11 PM Signed: 11/21/2024 3:50:09 PM
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



Carbon Copy Events	Status	Timestamp
Dian DeVaughn dian.devaughn@fultoncountyga.gov Security Level: Email, Account Authentication (None) <b>Electronic Record and Signature Disclosure:</b> Not Offered via DocuSign	COPIED	Sent: 11/21/2024 3:50:13 PM
Khandi Flowers khandi.flowers@fultoncountyga.gov Security Level: Email, Account Authentication (None) <b>Electronic Record and Signature Disclosure:</b> Not Offered via DocuSign	COPIED	Sent: 11/21/2024 3:50:15 PM Viewed: 11/21/2024 3:57:17 PM
Witness Events	Signature	Timestamp
Notary Events	Signature	Timestamp
Envelope Summary Events	Status	Timestamps
Envelope Sent	Hashed/Encrypted	11/16/2024 4:12:12 AM
Certified Delivered	Security Checked	11/21/2024 3:49:11 PM
Signing Complete	Security Checked	11/21/2024 3:50:09 PM
Completed	Security Checked	11/21/2024 3:50:15 PM
Payment Events	Status	Timestamps
Electronic Record and Signature Disclosure		

## **CONSUMER DISCLOSURE**

From time to time, Carahsoft OBO Fulton County, Georgia (we, us or Company) may be required by law to provide to you certain written notices or disclosures. Described below are the terms and conditions for providing to you such notices and disclosures electronically through the DocuSign, Inc. (DocuSign) electronic signing system. Please read the information below carefully and thoroughly, and if you can access this information electronically to your satisfaction and agree to these terms and conditions, please confirm your agreement by clicking the 'I agree' button at the bottom of this document.

### **Getting paper copies**

At any time, you may request from us a paper copy of any record provided or made available electronically to you by us. You will have the ability to download and print documents we send to you through the DocuSign system during and immediately after signing session and, if you elect to create a DocuSign signer account, you may access them for a limited period of time (usually 30 days) after such documents are first sent to you. You may request delivery of such paper copies from us by following the procedure described below.

### **Withdrawing your consent**

If you decide to receive notices and disclosures from us electronically, you may at any time change your mind and tell us that thereafter you want to receive required notices and disclosures only in paper format. How you must inform us of your decision to receive future notices and disclosure in paper format and withdraw your consent to receive notices and disclosures electronically is described below.

### **Consequences of changing your mind**

If you elect to receive required notices and disclosures only in paper format, it will slow the speed at which we can complete certain steps in transactions with you and delivering services to you because we will need first to send the required notices or disclosures to you in paper format, and then wait until we receive back from you your acknowledgment of your receipt of such paper notices or disclosures. To indicate to us that you are changing your mind, you must withdraw your consent using the DocuSign 'Withdraw Consent' form on the signing page of a DocuSign envelope instead of signing it. This will indicate to us that you have withdrawn your consent to receive required notices and disclosures electronically from us and you will no longer be able to use the DocuSign system to receive required notices and consents electronically from us or to sign electronically documents from us.

### **All notices and disclosures will be sent to you electronically**

Unless you tell us otherwise in accordance with the procedures described herein, we will provide electronically to you through the DocuSign system all required notices, disclosures, authorizations, acknowledgements, and other documents that are required to be provided or made available to you during the course of our relationship with you. To reduce the chance of you inadvertently not receiving any notice or disclosure, we prefer to provide all of the required notices and disclosures to you by the same method and to the same address that you have given us. Thus, you can receive all the disclosures and notices electronically or in paper format through the paper mail delivery system. If you do not agree with this process, please let us know as described below. Please also see the paragraph immediately above that describes the consequences of your electing not to receive delivery of the notices and disclosures electronically from us.

### **How to contact Carahsoft OBO Fulton County, Georgia:**

You may contact us to let us know of your changes as to how we may contact you electronically, to request paper copies of certain information from us, and to withdraw your prior consent to receive notices and disclosures electronically as follows:

To contact us by email send messages to: [glenn.king@fultoncountyga.gov](mailto:glenn.king@fultoncountyga.gov)

**To advise Carahsoft OBO Fulton County, Georgia of your new e-mail address**

To let us know of a change in your e-mail address where we should send notices and disclosures electronically to you, you must send an email message to us at [glenn.king@fultoncountyga.gov](mailto:glenn.king@fultoncountyga.gov) and in the body of such request you must state: your previous e-mail address, your new e-mail address. We do not require any other information from you to change your email address..

In addition, you must notify DocuSign, Inc. to arrange for your new email address to be reflected in your DocuSign account by following the process for changing e-mail in the DocuSign system.

**To request paper copies from Carahsoft OBO Fulton County, Georgia**

To request delivery from us of paper copies of the notices and disclosures previously provided by us to you electronically, you must send us an e-mail to [glenn.king@fultoncountyga.gov](mailto:glenn.king@fultoncountyga.gov) and in the body of such request you must state your e-mail address, full name, US Postal address, and telephone number. We will bill you for any fees at that time, if any.

**To withdraw your consent with Carahsoft OBO Fulton County, Georgia**

To inform us that you no longer want to receive future notices and disclosures in electronic format you may:

- i. decline to sign a document from within your DocuSign session, and on the subsequent page, select the check-box indicating you wish to withdraw your consent, or you may;
- ii. send us an e-mail to [glenn.king@fultoncountyga.gov](mailto:glenn.king@fultoncountyga.gov) and in the body of such request you must state your e-mail, full name, US Postal Address, and telephone number. We do not need any other information from you to withdraw consent.. The consequences of your withdrawing consent for online documents will be that transactions may take a longer time to process..

**Required hardware and software**

Operating Systems:	Windows® 2000, Windows® XP, Windows Vista®; Mac OS® X
Browsers:	Final release versions of Internet Explorer® 6.0 or above (Windows only); Mozilla Firefox 2.0 or above (Windows and Mac); Safari™ 3.0 or above (Mac only)
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

\*\* These minimum requirements are subject to change. If these requirements change, you will be asked to re-accept the disclosure. Pre-release (e.g. beta) versions of operating systems and browsers are not supported.

**Acknowledging your access and consent to receive materials electronically**

To confirm to us that you can access this information electronically, which will be similar to other electronic notices and disclosures that we will provide to you, please verify that you were

able to read this electronic disclosure and that you also were able to print on paper or electronically save this page for your future reference and access or that you were able to e-mail this disclosure and consent to an address where you will be able to print on paper or save it for your future reference and access. Further, if you consent to receiving notices and disclosures exclusively in electronic format on the terms and conditions described above, please let us know by clicking the 'I agree' button below.

By checking the 'I agree' box, I confirm that:

- I can access and read this Electronic CONSENT TO ELECTRONIC RECEIPT OF ELECTRONIC CONSUMER DISCLOSURES document; and
- I can print on paper the disclosure or save or send the disclosure to a place where I can print it, for future reference and access; and
- Until or unless I notify Carahsoft OBO Fulton County, Georgia as described above, I consent to receive from exclusively through electronic means all notices, disclosures, authorizations, acknowledgements, and other documents that are required to be provided or made available to me by Carahsoft OBO Fulton County, Georgia during the course of my relationship with you.