



DEPARTMENT OF PURCHASING & CONTRACT COMPLIANCE

CONTRACT RENEWAL AGREEMENT

DEPARTMENT: Public Works

BID/RFP NUMBER: 23ITBC100523A-KM

BID/RFP TITLE: Water Meters

ORIGINAL APPROVAL DATE: December 20, 2023

RENEWAL EFFECTIVE DATES: January 1, 2026, through December 31, 2026

RENEWAL OPTION #: 2 OF 2

NUMBER OF RENEWAL OPTIONS: No renewal remains

RENEWAL AMOUNT: \$100,000.00

COMPANY'S NAME: Delta Municipal Supply Company, Inc.

ADDRESS: 408 Jesse Cronic Road

CITY: Braselton

STATE: GA

ZIP: 30517

**This Renewal Agreement No. x was approved by the Fulton County Board of
Commissioners on BOC DATE: 11/05/2025 BOC NUMBER: 25-0808**

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

14E1B1AA5E6A44A
Robert L. Pitts, Chairman
Fulton County Board of Commissioners

Delta Municipal Supply Company, Inc.

Signed by:

Michael Truelove

179A2346F27C4BD...
Michael Truelove
General Manager

ATTEST:

Signed by:

Tonya R. Grier

EEC476C4B3764MU
Tonya R. Grier
Clerk to the Commission

(Affix County Seal)

AUTHORIZATION OF RENEWAL:

DocuSigned by:

David Clark

65CE1C9FDD834B8...
David Clark, Director
Public Works

ITEM#: 25-0808 RM: 11/05/2025

REGULAR MEETING

ITEM#: _____ 2nd RM: _____

SECOND REGULAR MEETING

CERTIFICATE OF INSURANCE



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
11/07/2025

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		CONTACT Adrienne Colvard NAME: PHONE (A/C, No, Ext): (706) 543-2575 FAX (A/C, No): (706) 543-4847 E-MAIL ADDRESS: adrienne@chastain-assoc.com	
Athens		GA 30603	
		INSURER(S) AFFORDING COVERAGE	
		INSURER A: Cincinnati Insurance Company	
		NAIC #	
INSURED			
		INSURER B:	
		INSURER C:	
		INSURER D:	
		INSURER E:	
		INSURER F:	
COVERS		CERTIFICATE NUMBER: CL2543046820	
		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	X COMMERCIAL GENERAL LIABILITY			EPP0076563	05/01/2025	05/01/2026	EACH OCCURRENCE	\$ 1,000,000	
	CLAIMS-MADE						X OCCUR	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 500,000
								MED EXP (Any one person)	\$ 10,000
								PERSONAL & ADV INJURY	\$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$ 2,000,000
POLICY	PRO- JECT	LOC	PRODUCTS - COMP/OP AGG	\$ 2,000,000					
OTHER:			Data Defender	\$ 50,000					
A	X AUTOMOBILE LIABILITY			EPP0076563	05/01/2025	05/01/2026	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000	
	ANY AUTO							BODILY INJURY (Per person)	\$
	OWNED AUTOS ONLY						SCHEDULED AUTOS	BODILY INJURY (Per accident)	\$
	HIRED AUTOS ONLY						NON-OWNED AUTOS ONLY	PROPERTY DAMAGE (Per accident)	\$
								Uninsured Motorists	\$ 1,000,000
A	X UMBRELLA LIAB	X OCCUR		EPP0076563	05/01/2025	05/01/2026	EACH OCCURRENCE	\$ 3,000,000	
	EXCESS LIAB	CLAIMS-MADE					AGGREGATE	\$ 3,000,000	
	DED	X RETENTION \$ 10,000					\$		
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	Y / N		EWC0316937	05/01/2025	05/01/2026	PER STATUTE	OTHR-	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y					E.L. EACH ACCIDENT	\$ 1,000,000	
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000	
							E.L. DISEASE - POLICY LIMIT	\$ 1,000,000	
A	Motor Truck Cargo			EPP0076563	05/01/2025	05/01/2026	Per Conveyanc/\$150,000	Load Unload/	
							Coverage/\$150,000	Deduct/	

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

CERTIFICATE HOLDER

CANCELLATION

Fulton Co. Water 11575 A1 Maxwell Rd. Alpharetta	<p style="text-align: center;">SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</p> <p style="text-align: center;">AUTHORIZED REPRESENTATIVE</p> <p style="text-align: center;"></p>
GA 30004	© 1988-2015 ACORD CORPORATION. All rights reserved.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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		CONTACT NAME: Adrienne Colvard	
Chastain & Associates Ins P.O. Box 1908		PHONE (A/C, No, Ext): (706) 543-2575	FAX (A/C, No): (706) 543-4847
		E-MAIL ADDRESS: adrienne@chastain-assoc.com	
		INSURER(S) AFFORDING COVERAGE	NAIC #
Athens	GA 30603	INSURER A: Cincinnati Insurance Company	
INSURED		INSURER B:	
Delta Municipal Supply Company PO BOX 936		INSURER C:	
		INSURER D:	
		INSURER E:	
Braselton	GA 30517	INSURER F:	

COVERAGES

CERTIFICATE NUMBER: CL2543046820

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"/> COMMERCIAL GENERAL LIABILITY			EPP0076563	05/01/2025	05/01/2026	EACH OCCURRENCE					
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						\$ 1,000,000					
							DAMAGE TO RENTED PREMISES (Ea occurrence)					
							\$ 500,000					
							MED EXP (Any one person)					
							\$ 10,000					
							PERSONAL & ADV INJURY					
							\$ 1,000,000					
A	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE					
	<input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						\$ 2,000,000					
	OTHER:						PRODUCTS - COMP/OP AGG					
							\$ 2,000,000					
							Data Defender					
A	AUTOMOBILE LIABILITY			EPP0076563	05/01/2025	05/01/2026	COMBINED SINGLE LIMIT (Ea accident)					
	<input checked="" type="checkbox"/> ANY AUTO						\$ 1,000,000					
	<input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per person)					
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						\$					
							BODILY INJURY (Per accident)					
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR			EPP0076563	05/01/2025	05/01/2026	PROPERTY DAMAGE (Per accident)					
	<input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE						\$					
	<input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000						Uninsured Motorists					
							\$ 1,000,000					
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			EWC0316937	05/01/2025	05/01/2026	COMBINED SINGLE LIMIT EACH OCCURRENCE					
	<input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						\$ 3,000,000					
							AGGREGATE					
							\$ 3,000,000					
							\$					
A	Y/N			EWC0316937	05/01/2025	05/01/2026	PER STATUTE					
	<input type="checkbox"/> E.L. EACH ACCIDENT						\$ 1,000,000					
	<input type="checkbox"/> E.L. DISEASE - EA EMPLOYEE						\$ 1,000,000					
	<input type="checkbox"/> E.L. DISEASE - POLICY LIMIT						\$ 1,000,000					
A	Motor Truck Cargo			EPP0076563	05/01/2025	05/01/2026	Per Conveyanc/\$150,000					
							Load Unload/ Coverage/\$150,000					
A							Deduct/					

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

CERTIFICATE HOLDER

CANCELLATION

Fulton County Government
130 Peachtree St 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



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Certificate Of Completion

Envelope Id: E296E337-FEC1-48E3-A85F-0364D00FF354

Status: Completed

Subject: 23ITBC100523A-KM, Delta Municipal Supply Company

Parcel ID:

Employee Name:

Source Envelope:

Document Pages: 5

Signatures: 4

Envelope Originator:

Certificate Pages: 6

Initials: 0

Keisha Massey

AutoNav: Enabled

141 Pryor Street

Enveloped Stamping: Enabled

Purchasing & Contract Compliance, Suite 1168

Time Zone: (UTC-05:00) Eastern Time (US & Canada)

Atlanta, GA 30303

keisha.massey@fultoncountyga.gov

IP Address: 144.125.34.76

Record Tracking

Status: Original

11/6/2025 10:43:06 AM

Holder: Keisha Massey

Location: DocuSign

Security Appliance Status: Connected

Pool: StateLocal

Storage Appliance Status: Connected

Pool: Fulton County Government

Location: Docusign

Signer Events

Michael Truelove

mtrueove@deltamunicipal.com

Security Level: Email, Account Authentication
(None)

Signature


Signed by:
Michael Truelove
179A2346F27C4BD...

Signature Adoption: Pre-selected Style
Using IP Address: 50.225.151.194

Timestamp

Sent: 11/6/2025 10:51:52 AM

Viewed: 11/7/2025 8:27:51 AM

Signed: 11/7/2025 10:36:13 AM

Electronic Record and Signature Disclosure:

Accepted: 11/7/2025 8:27:51 AM

ID: 4b785a91-fcec-46b6-a195-e39d90ce0dd5

David Clark

david.clark@fultoncountyga.gov

Director

Public Works

Security Level: Email, Account Authentication
(None)


DocuSigned by:

David Clark

65CE1C9FDD834B8...

Signature Adoption: Pre-selected Style
Using IP Address:

2601:c6:cb00:8910:693a:9d78:2136:a8ad

Sent: 11/7/2025 10:36:14 AM

Viewed: 11/7/2025 12:20:14 PM

Signed: 11/9/2025 1:20:31 PM

Electronic Record and Signature Disclosure:

Accepted: 11/13/2017 1:07:14 PM

ID: 62e0a41e-60ea-4640-a1cb-69bfc2cfa732

Nikki Peterson

nikki.peterson@fultoncountyga.gov

Chief Deputy Clerk to the Board of Commissioners
Fulton County Government

Security Level: Email, Account Authentication
(None)

Completed

Using IP Address: 144.125.34.76

Sent: 11/9/2025 1:20:32 PM

Resent: 11/10/2025 7:53:15 AM

Viewed: 11/12/2025 4:19:30 PM

Signed: 11/12/2025 4:37:08 PM

Electronic Record and Signature Disclosure:

Accepted: 11/27/2017 1:39:37 PM

ID: b7ce88ee-0c66-4f3a-bfee-705e0af602d8

Signer Events	Signature	Timestamp
Robert L. Pitts harriet.thomas@fultoncountyga.gov Chairman Fulton County Security Level: Email, Account Authentication (None)	<p>Signed by:  14E1B4AA5F6A44A...</p> <p>Signature Adoption: Pre-selected Style Using IP Address: 74.174.59.10</p>	Sent: 11/12/2025 4:37:10 PM Viewed: 11/12/2025 5:32:45 PM Signed: 11/12/2025 5:32:57 PM
Electronic Record and Signature Disclosure: Accepted: 11/12/2025 5:32:45 PM ID: 4a9b3f0b-94d8-4fab-be39-576f6e56adc0		
Tonya Grier		
tonya.grier@fultoncountyga.gov Clerk to the Commission Fulton County Government Security Level: Email, Account Authentication (None)	<p>Signed by:  EEC478C4837648D...</p> <p>Signature Adoption: Uploaded Signature Image Using IP Address: 144.125.34.76</p>	Sent: 11/12/2025 5:32:58 PM Viewed: 11/12/2025 6:28:10 PM Signed: 11/12/2025 6:28:31 PM
Electronic Record and Signature Disclosure: Accepted: 10/27/2025 11:21:47 AM ID: 4889b84d-8ea3-4ba9-bf87-bf4c309e21ab		
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
Keisha Massey keisha.massey@fultoncountyga.gov Procurement Officer Cintas Corporation Security Level: Email, Account Authentication (None)	COPIED	Sent: 11/12/2025 6:28:33 PM Resent: 11/12/2025 6:28:41 PM
Electronic Record and Signature Disclosure: Not Offered via DocuSign		
Brian Jones brian.jones@fultoncountyga.gov President-Elect Fulton County Government Security Level: Email, Account Authentication (None)	COPIED	Sent: 11/12/2025 6:28:34 PM
Electronic Record and Signature Disclosure: Not Offered via DocuSign		
Dian DeVaughn Dian.DeVaughn@fultoncountyga.gov Security Level: Email, Account Authentication (None)	COPIED	Sent: 11/12/2025 6:28:35 PM Viewed: 11/13/2025 3:53:01 PM
Electronic Record and Signature Disclosure: Not Offered via DocuSign		

Carbon Copy Events	Status	Timestamp
Andrenette Whitlow Andrenette.Whitlow@fultoncountyga.gov Security Level: Email, Account Authentication (None)	COPIED	Sent: 11/12/2025 6:28:36 PM
Electronic Record and Signature Disclosure: Not Offered via DocuSign		
Shandha Read shandha.read@fultoncountyga.gov Security Level: Email, Account Authentication (None)	COPIED	Sent: 11/12/2025 6:28:37 PM
Electronic Record and Signature Disclosure: Not Offered via DocuSign		
Witness Events	Signature	Timestamp
Notary Events	Signature	Timestamp
Envelope Summary Events	Status	Timestamps
Envelope Sent	Hashed/Encrypted	11/6/2025 10:51:52 AM
Envelope Updated	Security Checked	11/7/2025 11:27:04 AM
Envelope Updated	Security Checked	11/7/2025 12:51:27 PM
Certified Delivered	Security Checked	11/12/2025 6:28:10 PM
Signing Complete	Security Checked	11/12/2025 6:28:31 PM
Completed	Security Checked	11/12/2025 6:28:37 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

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 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 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 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.