



DEPARTMENT OF PURCHASING & CONTRACT COMPLIANCE

CONTRACT RENEWAL AGREEMENT

DEPARTMENT: Real Estate and Asset Management

BID/RFP# NUMBER: 23ITB071323C-MH

BID/RFP# TITLE: Septic Tank and Grease Trap Maintenance Services Countywide

ORIGINAL APPROVAL DATE: 3/20/2024

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

RENEWAL OPTION #: 1 OF 2

NUMBER OF RENEWAL OPTIONS: 2

RENEWAL AMOUNT: \$45,000.00

COMPANY'S NAME: Darling Ingredients, Inc.

ADDRESS: 5076 Nifda Drive SE

CITY: Atlanta

STATE: GA

ZIP: 30339

This Renewal Agreement No. 1 was approved by the Fulton County Board of Commissioners on BOC DATE: 11/6/2024 BOC NUMBER: 24-0704

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

14E1B4AA5F6A44A...

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

DARLING INGREDIENTS, INC.

Signed by:

Ken Thomley

AFF15A1056AF464...

Ken Thomley

ATTEST:

Signed by:

Tonya R. Grier

EEC476C4837648D...

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

(Affix County Seal)

Signed by:



ATTEST:

**Secretary/
Assistant Secretary**

(Affix Corporate Seal)

AUTHORIZATION OF RENEWAL:

Signed by:

Joseph N. Davis

B20954A80000422...

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

Signed by:

Vivian Vinnacombe

92A498A5B4D44FF...

Notary Public

County: COBB

Commission Expires: 8-21-27

Signed by:

(Affix Notary Seal)



**ITEM#: 24-0704 RM: 11/6/2024
RECESS MEETING**

**ITEM#: _____ 2nd RM: _____
SECOND REGULAR MEETING**

CERTIFICATE OF INSURANCE





CERTIFICATE OF LIABILITY INSURANCE

 DATE(MM/DD/YYYY)
11/18/2024

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 Aon Risk Services Southwest, Inc. Dallas TX Office 5005 Lyndon B Johnson Freeway Suite 1500 Dallas TX 75244 USA	CONTACT NAME: PHONE (A/C. No. Ext): (866) 283-7122 FAX (A/C. No.): (800) 363-0105 E-MAIL ADDRESS: <table border="1"> <tr> <th data-bbox="803 462 1388 514">INSURER(S) AFFORDING COVERAGE</th> <th data-bbox="1388 462 1520 514">NAIC #</th> </tr> <tr> <td data-bbox="803 514 1388 546">INSURER A: National Union Fire Ins Co of Pittsburgh</td> <td data-bbox="1388 514 1520 546">19445</td> </tr> <tr> <td data-bbox="803 546 1388 577">INSURER B: AIU Insurance Company</td> <td data-bbox="1388 546 1520 577">19399</td> </tr> <tr> <td data-bbox="803 577 1388 609">INSURER C: Navigators Insurance Co</td> <td data-bbox="1388 577 1520 609">42307</td> </tr> <tr> <td data-bbox="803 609 1388 640">INSURER D: Fireman's Fund Indemnity Corp</td> <td data-bbox="1388 609 1520 640">11380</td> </tr> <tr> <td data-bbox="803 640 1388 672">INSURER E:</td> <td data-bbox="1388 640 1520 672"></td> </tr> <tr> <td data-bbox="803 672 1388 686">INSURER F:</td> <td data-bbox="1388 672 1520 686"></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: National Union Fire Ins Co of Pittsburgh	19445	INSURER B: AIU Insurance Company	19399	INSURER C: Navigators Insurance Co	42307	INSURER D: Fireman's Fund Indemnity Corp	11380	INSURER E:		INSURER F:	
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INSURER E:															
INSURER F:															
INSURED Darling Ingredients, Inc. 5601 N MacArthur Blvd. Irving TX 75038 USA															

COVERAGES **CERTIFICATE NUMBER:** 570109460984 **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.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	Limits shown as requested LIMITS																								
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <table border="1"> <tr> <td data-bbox="129 871 194 903"><input type="checkbox"/></td> <td data-bbox="194 871 341 903">CLAIMS-MADE</td> <td data-bbox="341 871 479 903"><input checked="" type="checkbox"/> OCCUR</td> </tr> <tr> <td data-bbox="129 955 194 987"><input type="checkbox"/></td> <td colspan="2" data-bbox="194 955 479 987">GEN'L AGGREGATE LIMIT APPLIES PER:</td></tr> <tr> <td data-bbox="129 987 194 1018"><input type="checkbox"/></td> <td data-bbox="194 987 259 1018">POLICY</td> <td data-bbox="259 987 479 1018"><input checked="" type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC</td> </tr> <tr> <td data-bbox="129 1018 194 1039"><input type="checkbox"/></td> <td colspan="2" data-bbox="194 1018 479 1039">OTHER:</td></tr> </table>	<input type="checkbox"/>	CLAIMS-MADE	<input checked="" type="checkbox"/> OCCUR	<input type="checkbox"/>	GEN'L AGGREGATE LIMIT APPLIES PER:		<input type="checkbox"/>	POLICY	<input checked="" type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC	<input type="checkbox"/>	OTHER:				6547131	06/01/2024	06/01/2025	<table border="1"> <tr><td data-bbox="1096 840 1323 871">EACH OCCURRENCE</td><td data-bbox="1323 840 1520 871">\$2,000,000</td></tr> <tr><td data-bbox="1096 871 1323 903">DAMAGE TO RENTED PREMISES (Ea occurrence)</td><td data-bbox="1323 871 1520 903">\$2,000,000</td></tr> <tr><td data-bbox="1096 903 1323 934">MED EXP (Any one person)</td><td data-bbox="1323 903 1520 934">\$5,000</td></tr> <tr><td data-bbox="1096 934 1323 966">PERSONAL & ADV INJURY</td><td data-bbox="1323 934 1520 966">\$2,000,000</td></tr> <tr><td data-bbox="1096 966 1323 997">GENERAL AGGREGATE</td><td data-bbox="1323 966 1520 997">\$2,000,000</td></tr> <tr><td data-bbox="1096 997 1323 1029">PRODUCTS - COMP/OP AGG</td><td data-bbox="1323 997 1520 1029">\$2,000,000</td></tr> </table>	EACH OCCURRENCE	\$2,000,000	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$2,000,000	MED EXP (Any one person)	\$5,000	PERSONAL & ADV INJURY	\$2,000,000	GENERAL AGGREGATE	\$2,000,000	PRODUCTS - COMP/OP AGG	\$2,000,000
<input type="checkbox"/>	CLAIMS-MADE	<input checked="" type="checkbox"/> OCCUR																													
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A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY			703-09-37	06/01/2024	06/01/2025	<table border="1"> <tr><td data-bbox="1096 1039 1323 1081">COMBINED SINGLE LIMIT (Ea accident)</td><td data-bbox="1323 1039 1520 1081">\$5,000,000</td></tr> <tr><td data-bbox="1096 1081 1323 1113">BODILY INJURY (Per person)</td><td data-bbox="1323 1081 1520 1113"></td></tr> <tr><td data-bbox="1096 1113 1323 1144">BODILY INJURY (Per accident)</td><td data-bbox="1323 1113 1520 1144"></td></tr> <tr><td data-bbox="1096 1144 1323 1186">PROPERTY DAMAGE (Per accident)</td><td data-bbox="1323 1144 1520 1186"></td></tr> </table>	COMBINED SINGLE LIMIT (Ea accident)	\$5,000,000	BODILY INJURY (Per person)		BODILY INJURY (Per accident)		PROPERTY DAMAGE (Per accident)																	
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C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION			CH24UMR932653IV	06/01/2024	06/01/2025	<table border="1"> <tr><td data-bbox="1096 1207 1323 1239">EACH OCCURRENCE</td><td data-bbox="1323 1207 1520 1239">\$5,000,000</td></tr> <tr><td data-bbox="1096 1239 1323 1281">AGGREGATE</td><td data-bbox="1323 1239 1520 1281">\$5,000,000</td></tr> </table>	EACH OCCURRENCE	\$5,000,000	AGGREGATE	\$5,000,000																				
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B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below Y/N <input checked="" type="checkbox"/> N		N/A	WC020396099 Workers Comp (AOS) WC020396098 Workers Comp (CA)	06/01/2024	06/01/2025	<table border="1"> <tr> <td data-bbox="1096 1302 1266 1333"><input checked="" type="checkbox"/> PER STATUTE</td> <td data-bbox="1266 1302 1520 1333"><input type="checkbox"/> OTHER</td> </tr> <tr><td data-bbox="1096 1333 1323 1365">E.L. EACH ACCIDENT</td><td data-bbox="1323 1333 1520 1365">\$1,000,000</td></tr> <tr><td data-bbox="1096 1365 1323 1396">E.L. DISEASE-EA EMPLOYEE</td><td data-bbox="1323 1365 1520 1396">\$1,000,000</td></tr> <tr><td data-bbox="1096 1396 1323 1417">E.L. DISEASE-POLICY LIMIT</td><td data-bbox="1323 1396 1520 1417">\$1,000,000</td></tr> </table>	<input checked="" type="checkbox"/> PER STATUTE	<input type="checkbox"/> OTHER	E.L. EACH ACCIDENT	\$1,000,000	E.L. DISEASE-EA EMPLOYEE	\$1,000,000	E.L. DISEASE-POLICY LIMIT	\$1,000,000																
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D	Environmental Site Liability			USL03075324	07/16/2024	06/16/2027	<table border="1"> <tr><td data-bbox="1096 1417 1323 1449">Aggregate Limit</td><td data-bbox="1323 1417 1520 1449">\$15,000,000</td></tr> <tr><td data-bbox="1096 1449 1323 1499">Per Occurrence Limit</td><td data-bbox="1323 1449 1520 1499">\$15,000,000</td></tr> </table>	Aggregate Limit	\$15,000,000	Per Occurrence Limit	\$15,000,000																				
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DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Fulton County Government, it's Officials, Officers and Employees are included as Additional Insured in accordance with the policy provisions of the General Liability, Automobile Liability and Umbrella Liability policies. General Liability and Automobile Liability policies evidenced herein are Primary and Non-Contributory to other insurance available to Additional Insured, but only in accordance with the policy's provisions. A waiver of Subrogation is granted in favor of Fulton County Government in accordance with the policy provisions of the General Liability, Automobile Liability, and Workers Compensation policies.

CERTIFICATE HOLDER

Fulton County Government Purchasing Department 130 Peachtree Street, SW, Suite 1168 Atlanta GA 30303-3459 USA
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CANCELLATION

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 

Holder Identifier :

570109460984

Certificate No :





ADDITIONAL REMARKS SCHEDULE

AGENCY Aon Risk Services Southwest, Inc.		NAMED INSURED Darling Ingredients, Inc.	
POLICY NUMBER See Certificate Number: 570109460984		EFFECTIVE DATE:	
CARRIER See Certificate Number: 570109460984	NAIC CODE		

ADDITIONAL REMARKS

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

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER	
INSURER	
INSURER	
INSURER	

ADDITIONAL POLICIES	If a policy below does not include limit information, refer to the corresponding policy on the ACORD certificate form for policy limits.
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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS	
	WORKERS COMPENSATION							
B		N/A		WC020396100 Workers Comp (WI)	06/01/2024	06/01/2025		



ADDITIONAL REMARKS SCHEDULE

AGENCY Aon Risk Services Southwest, Inc.		NAMED INSURED Darling Ingredients, Inc.	
POLICY NUMBER See Certificate Number: 570109460984			
CARRIER See Certificate Number: 570109460984	NAIC CODE	EFFECTIVE DATE:	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,	
FORM NUMBER: ACORD 25	FORM TITLE: Certificate of Liability Insurance
Additional Excess Layers	
Excess Liability - \$5M xs \$5M (No Auto Liability) Policy Number: CH24RXSZ05EWQIV ; Policy Term: 6/1/2024-6/1/2025 Underwriting Co.: Navigators Insurance Company Each Occurrence Limit: \$5,000,000 Aggregate Limit: \$5,000,000	
Excess Liability - \$5M xs \$5M (Auto Liability Only) Policy Number: CEX09603200-06 ; Policy Term: 6/1/2024 - 6/1/2025 Underwriting Co.: Gemini Insurance Company Each Occurrence Limit: \$5,000,000 Aggregate Limit: \$5,000,000	

POLICY NUMBER: GL 654-71-31

COMMERCIAL GENERAL LIABILITY
CG 20 10 04 13**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 WHOM YOU BECOME OBLIGATED TO INCLUDE AS AN ADDITIONAL INSURED AS A RESULT OF ANY CONTRACT OR AGREEMENT YOU HAVE ENTERED INTO.	PER THE CONTRACT OR AGREEMENT.
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 shown in the Declarations;

whichever is less.

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

POLICY NUMBER: GL 654-71-31

COMMERCIAL GENERAL LIABILITY
CG 20 37 04 13**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.****ADDITIONAL INSURED - OWNERS, LESSEES OR
CONTRACTORS - COMPLETED OPERATIONS**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART
PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART**SCHEDULE**

Name Of Additional Insured Person(s) Or Organization(s)	Location And Description Of Completed Operations
ANY PERSON OR ORGANIZATION WHOM YOU BECOME OBLIGATED TO INCLUDE AS AN ADDITIONAL INSURED AS A RESULT OF ANY CONTRACT OR AGREEMENT YOU HAVE ENTERED INTO.	PER THE CONTRACT OR AGREEMENT
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" or "property damage" caused, in whole or in part, by "your work" at the location designated and described in the Schedule of this endorsement performed for that additional insured and included in the "products-completed operations hazard".

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: 31B3AD850E924438A1F303A35EDDEE31		Status: Completed
Subject: Renewal: Darling Ingredients Septic Tank and Grease Trap Cleaning 24-0704 November 6, 2024		
Parcel ID:		
Source Envelope:		
Document Pages: 9	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 4:35:33 AM	mark.hawks@fultoncountyga.gov	
Security Appliance Status: Connected	Pool: StateLocal	
Storage Appliance Status: Connected	Pool: Fulton County Government	Location: DocuSign

Signer Events


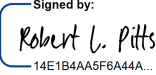


Signer Events	Signature	Timestamp
Ken Thomley kthomley@darlingii.com General Mgr Security Level: Email, Account Authentication (None)	<div>Signed by:  AFE15A1056AF464...</div> <div>Signature Adoption: Pre-selected Style Using IP Address: 45.62.188.226</div>	<div>Sent: 11/16/2024 4:40:25 AM</div> <div>Viewed: 11/16/2024 4:42:49 AM</div> <div>Signed: 11/19/2024 4:35:54 AM</div>

Electronic Record and Signature Disclosure:
Accepted: 11/16/2024 4:42:49 AM
ID: 73d94710-33b1-4f42-befc-4b8cec3e1748

Vivian Vinnacombe VVinnacombe@darlingii.com Security Level: Email, Account Authentication (None)	<div>Signed by:  92A498A5BAD44FF...</div> <div>Signature Adoption: Pre-selected Style Using IP Address: 216.205.113.216</div>	<div>Sent: 11/19/2024 4:35:56 AM</div> <div>Viewed: 11/19/2024 4:38:34 AM</div> <div>Signed: 11/27/2024 6:38:56 AM</div>
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Electronic Record and Signature Disclosure:
Accepted: 11/19/2024 4:38:34 AM
ID: 54ece0c1-ff74-4acc-b06f-54579f9814f2

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: 45.20.200.178</div>	<div>Sent: 11/27/2024 6:39:00 AM</div> <div>Viewed: 11/27/2024 6:41:06 AM</div> <div>Signed: 11/27/2024 6:41:15 AM</div>
Electronic Record and Signature Disclosure: Not Offered via DocuSign		

Signer Events	Signature	Timestamp
<p>Joseph Davis joseph.davis@fultoncountyga.gov Director Security Level: Email, Account Authentication (None)</p> <p>Electronic Record and Signature Disclosure: Accepted: 11/27/2024 6:48:31 AM ID: 6b7bdc55-3112-44b4-be7b-818d2a041748</p>	<p>Signed by:  B20354A88008422...</p> <p>Signature Adoption: Pre-selected Style Using IP Address: 69.236.118.50 Signed using mobile</p>	<p>Sent: 11/27/2024 6:41:19 AM Viewed: 11/27/2024 6:48:31 AM Signed: 12/5/2024 3:34:42 AM</p>
<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: 68.208.197.4</p>	<p>Sent: 12/5/2024 3:34:46 AM Viewed: 12/5/2024 3:37:01 AM Signed: 12/5/2024 5:50:51 AM</p>
<p>Robert L. Pitts harriet.thomas@fultoncountyga.gov Chairman Security Level: Email, Account Authentication (None)</p> <p>Electronic Record and Signature Disclosure: Accepted: 12/5/2024 8:06:37 AM ID: fb03ac20-8434-4fb4-975a-2d31f35f1b92</p>	<p>Signed by:  14E1B4AA5F6A44A...</p> <p>Signature Adoption: Pre-selected Style Using IP Address: 68.208.197.4</p>	<p>Sent: 12/5/2024 5:50:55 AM Viewed: 12/5/2024 8:06:37 AM Signed: 12/5/2024 8:06:45 AM</p>
<p>Tonya Grier Tonya.Grier@fultoncountyga.gov Clerk to the Commission Fulton County Security Level: Email, Account Authentication (None)</p> <p>Electronic Record and Signature Disclosure: Accepted: 3/16/2018 7:54:59 AM ID: f3f241e8-3027-4447-9476-6cf20ae25dd4</p>	<p>Signed by:  EEC476C4837648D...</p> <p></p> <p>Signature Adoption: Uploaded Signature Image Using IP Address: 99.96.24.191</p>	<p>Sent: 12/5/2024 8:06:50 AM Viewed: 12/5/2024 8:10:28 AM Signed: 12/5/2024 8:10:55 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

Carbon Copy Events	Status	Timestamp
Dian DeVaughn dian.devaughn@fultoncountyga.gov Security Level: Email, Account Authentication (None) Electronic Record and Signature Disclosure: Not Offered via DocuSign	COPIED	Sent: 12/5/2024 8:10:59 AM
Khandi Flowers khandi.flowers@fultoncountyga.gov Security Level: Email, Account Authentication (None) Electronic Record and Signature Disclosure: Not Offered via DocuSign	COPIED	Sent: 12/5/2024 8:11:02 AM
Harry Jordan harry.jordan@fultoncountyga.gov Security Level: Email, Account Authentication (None) Electronic Record and Signature Disclosure: Accepted: 10/11/2023 7:29:22 AM ID: ec358950-fb77-42fa-8eaa-e8c74aa6b034	COPIED	Sent: 12/5/2024 8:11:05 AM
Witness Events	Signature	Timestamp
Notary Events	Signature	Timestamp
Envelope Summary Events	Status	Timestamps
Envelope Sent	Hashed/Encrypted	11/16/2024 4:40:25 AM
Certified Delivered	Security Checked	12/5/2024 8:10:28 AM
Signing Complete	Security Checked	12/5/2024 8:10:55 AM
Completed	Security Checked	12/5/2024 8:11:05 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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