



DEPARTMENT OF PURCHASING & CONTRACT COMPLIANCE

CONTRACT RENEWAL AGREEMENT

DEPARTMENT: Public Works

BID/RFP NUMBER: 25ITB1356207A-ST

BID/RFP TITLE: Rental and Maintenance of Deionized Water

ORIGINAL APPROVAL DATE: May 29, 2025

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

RENEWAL OPTION #: 1 OF 2

NUMBER OF RENEWAL OPTIONS: 2

RENEWAL AMOUNT: \$12,060.00

COMPANY'S NAME: Hydro, Inc.

ADDRESS: 117 Merchants Park Drive

CITY: Hoschton

STATE: GA

ZIP: 30548

This Renewal Agreement No. 1 was approved by the Fulton County Board of Commissioners on BOC DATE: 11-05-2025 BOC NUMBER: 25-0807

CERTIFICATE OF INSURANCE: The Contractor 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 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

Hydro, Inc.

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

Monty Little
Monty Little
President

ATTEST:

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

(Affix County Seal)



AUTHORIZATION OF RENEWAL:

David Clark
David Clark, Director
Public Works

ITEM#: 25-0807 RM: 11/05/2025	ITEM#: 2 nd RM:
REGULAR MEETING	SECOND REGULAR MEETING

CERTIFICATE OF INSURANCE

DocuSign INSTRUCTIONS

The DocuSign instructions below explain the following:

- How to sign a DocuSign document
- How to seal a DocuSign document
- How to upload attachments to a DocuSign document

How to sign a DocuSign document

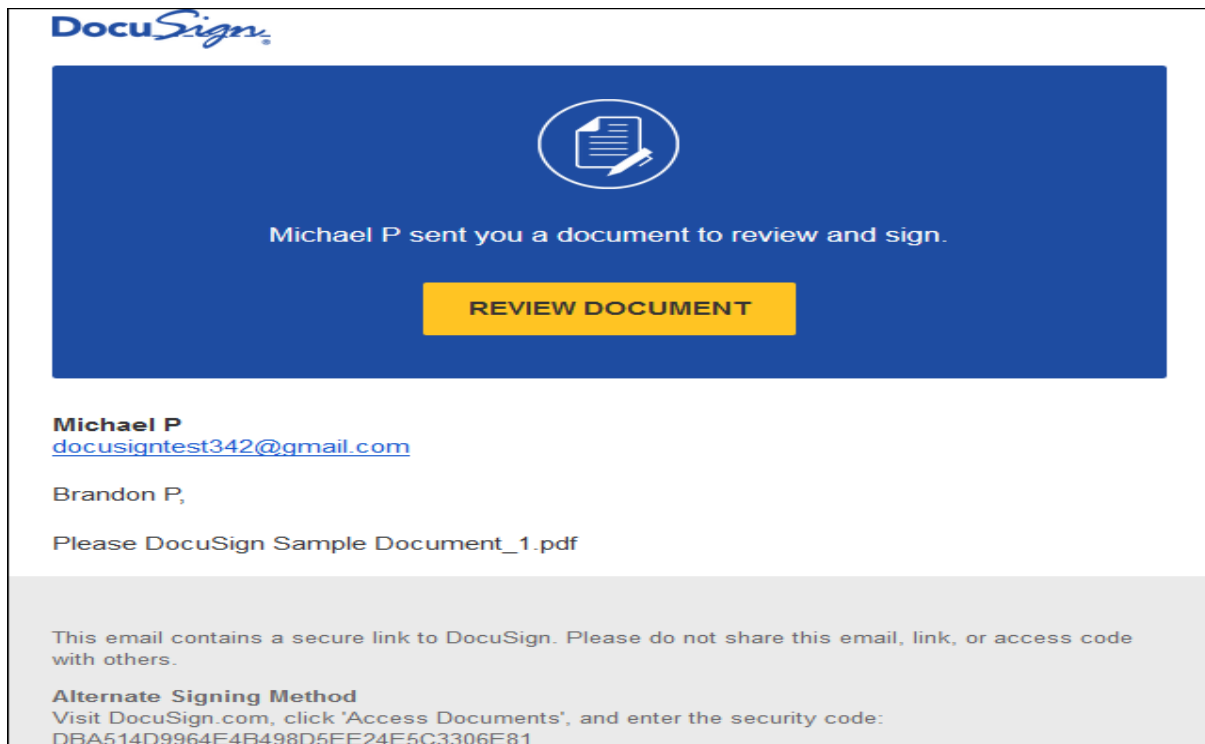
When someone sends you a DocuSign document for your electronic signature, you will receive an email from DocuSign sent on behalf of the sender (Fulton County Government).

Step 1: Review the DocuSign email

Open the email and review the message from the sender. Click **REVIEW DOCUMENT** to begin the signing process.

Note: Your experience as a signer may also vary depending on how the document sender wants you to sign. New signers have a different experience than returning signers and signers with a DocuSign account. To learn more, watch [Sign Video](#) by clicking the link.

[Sign Video](#)



Step 2: Agree to sign electronically

Review the consumer disclosure, and select the checkbox **I agree to use Electronic Records and Signatures**. Click **CONTINUE** to begin the signing process.

Please Review & Act on These Documents

DocuSign

Michael Palmer
DocuSign Customer Service

☒ I agree to use **Electronic Records and**

CONTINUE **OTHER ACTIONS ▾**

Signatures

DocuSign Envelope ID: 424E4A41-987E-4179-883E-DA3CEF1818D8

Sample Document

Primary Signer

Name: Michael Palmer

Gender: Male ☐ Female ☐

Married: ☐

Signature: x **SIGN** Date: 12/2/2014

English (US) | Terms Of Use & Privacy | Copyright © 2014 DocuSign Inc.

Important! To view and sign the documents, you must agree to conduct business electronically.

Note: To view additional options, click **OTHER ACTIONS**. For more information of other actions available, please review our [Signing Documentation](#).

Step 3: Start the signing process

1. Click the **START** tag on the left to begin the signing process.

START

DocuSign Envelope ID: 424E4A41-987E-4179-883E-DA3CEF1818D8

Sample Document

You are taken to the first tag requiring your action.

SIGN

Signature: x **SIGN**

2. Click the **SIGN** tag. You are asked to Adopt Your Signature.

Adopt Your Signature

Confirm your name, initials, and signature.

Full Name
Michael P

Initials
MP

Select Style Draw

Preview

DocuSigned by:
Michael P
02367A3E9D33485...

DS
MP

Change Style

By clicking Adopt and Sign, I agree that the signature and initials will be the electronic representation of my signature and initials for all purposes when I (or my agent) use them on documents, including legally binding contracts - just the same as a pen-and-paper signature or initial.

ADOPT AND SIGN CANCEL

Step 4: Verify your name

Verify that your name and initials are correct. If not, change them as needed.

Step 5: Adopt a signature

Do one of the following:

- Accept the default signature and initial style, and go to the next step.
- Click **Change Style**, and select a different signature option.
- Click **Draw**. Draw your signature/initials using a mouse, or your finger or a stylus on a touchscreen.

Adopt Your Signature

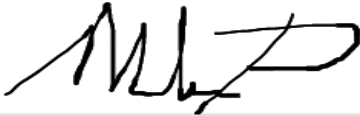
Confirm your name, initials, and signature.

Full Name
Michael P

Initials
MP

Select Style Draw

Draw your signature Clear



By clicking Adopt and Sign, I agree that the signature and initials will be the electronic representation of my signature and initials for all purposes when I (or my agent) use them on documents, including legally binding contracts - just the same as a pen-and-paper signature or initial.

ADOPT AND SIGN CANCEL

Step 6: Save your signature

Click **ADOPT AND SIGN** to adopt and save your signature information and return to the document.

- After you Click **UPLOAD**, you will be taken to the following screen
- Click **UPLOAD YOUR SIGNATURE**
- This action will send you to your desktop
- Select the save Seal image
- Then the Signature and Seal will be uploaded to the electronic document

How to upload attachments to a DocuSign document

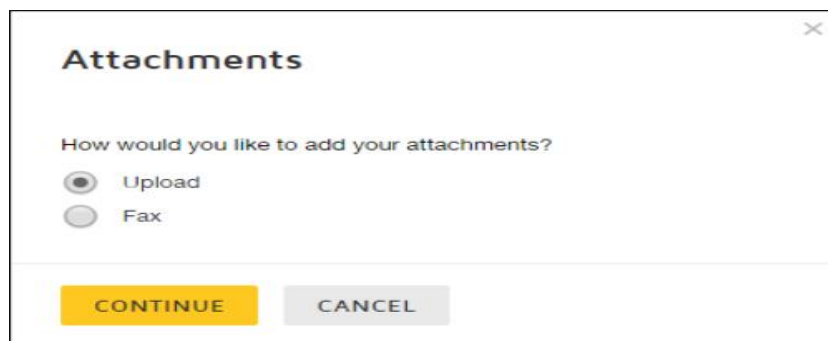
The Signer Attachment feature has a request for the signer to provide supporting documentation to the sender by uploading to the DocuSign® envelope during the signing process.

When the signer reaches an attachment field, the signer is prompted to provide a document.

The steps taken by the signer depends on how they will submit the requested documents; by uploading them. The signer follows the instructions below:

Uploading Your Documents

If you want to upload the requested document, you must have an electronic copy (such as a scanned copy) of the document saved as a file on your computer. Click the attachment field, the Attachments dialog box is shown.

A dialog box titled "Attachments" with a close button (X) in the top right corner. Below the title, it asks "How would you like to add your attachments?". There are two radio button options: "Upload" (which is selected) and "Fax". At the bottom, there are two buttons: "CONTINUE" (highlighted in yellow) and "CANCEL" (greyed out).

Attachments

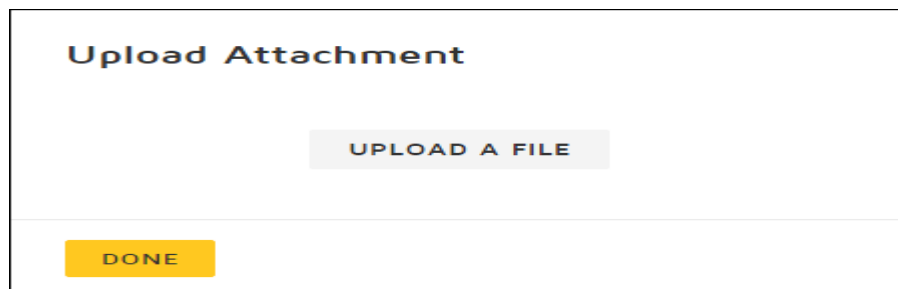
How would you like to add your attachments?

☒ Upload

☐ Fax

CONTINUE CANCEL

To upload the files, select **Upload** and click **CONTINUE**.

A dialog box titled "Upload Attachment". In the center, there is a button labeled "UPLOAD A FILE". At the bottom left, there is a button labeled "DONE" (highlighted in yellow).

Upload Attachment

UPLOAD A FILE

DONE

After uploading the file, you will be asked if you want to add another attachment. Add other attachments as needed following the same upload process.

After uploading the attachments, click **DONE** to continue the signing process. The system attaches the file as a new page after the current page and replaces the attachment field with an upload icon.

After uploading all your attachments, finish adding any more information to the document and review the documents.

After the documents have been uploaded and all other tags are filled out or signed, you can complete the signing process normally.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

01/11/2023

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 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 The Insurance Company 12345678 The Insurance Company Service Center 10000 Good Street Anytown, GA 30301	CONTACT NAME: PHONE (888) 555-9876 FAX (888) 555-9877 (A/C, No, Ext): E-MAIL ADDRESS:																					
INSURED INC 999 Any Street NW ATLANTA GA 30303-1234	<table border="1"> <thead> <tr> <th colspan="2">INSURER(S) AFFORDING COVERAGE</th><th>NAIC#</th></tr> </thead> <tbody> <tr> <td>INSURER A :</td><td>The Fire Insurance Company</td><td>12345</td></tr> <tr> <td>INSURER B :</td><td></td><td></td></tr> <tr> <td>INSURER C :</td><td></td><td></td></tr> <tr> <td>INSURER D :</td><td></td><td></td></tr> <tr> <td>INSURER E :</td><td></td><td></td></tr> <tr> <td>INSURER F :</td><td></td><td></td></tr> </tbody> </table>	INSURER(S) AFFORDING COVERAGE		NAIC#	INSURER A :	The Fire Insurance Company	12345	INSURER B :			INSURER C :			INSURER D :			INSURER E :			INSURER F :		
INSURER(S) AFFORDING COVERAGE		NAIC#																				
INSURER A :	The Fire Insurance Company	12345																				
INSURER B :																						
INSURER C :																						
INSURER D :																						
INSURER E :																						
INSURER F :																						

COVERAGES

CERTIFICATE NUMBER:

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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/Y YYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> General Liability	X		11 XXX ZI000	01/01/2023	01/01/2024	EACH OCCURRENCE \$100,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$100,000 MED EXP (Any one person) PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$100,000 PRODUCTS - COMP/OP AGG \$2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER:						COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS						EACH OCCURRENCE \$1,000,000 AGGREGATE \$1,000,000
	UMBRELLA LIAB EXCESS LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000						PER STATUTE OTH-ER E.L. EACH ACCIDENT \$500,000 E.L. DISEASE -EA EMPLOYEE \$500,000 E.L. DISEASE - POLICY LIMIT \$500,000
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A		0123456789	01/01/2023	01/01/2024	

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

Certificate holder is a "Additionally Insured" per the Coverage Form attached to this policy.

CERTIFICATE HOLDER

Fulton County Government
 141 PRYOR ST SW
 ATLANTA GA 30303-3408

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

SIGN HERE

© 1988-2015 ACORD CORPORATION. All rights reserved.

ACORD 25 (2016/03)

The ACORD name and logo are registered marks of ACORD

In additions to meeting the insurance limits outlined on pp.1-2, the highlighted areas must also be included-checked box under "ADDL INSR", Fulton County Government listed as Certificate Holder and an Authorized Representative Signature.

Certificate Of Completion

Envelope Id: 3DDBC5F1-4EEB-4838-9BDB-DEECA0DD19B5		Status: Completed
Subject: Complete with Docusign: Contract Renewal Agreement.pdf, DocuSign Instructions and Insurance.pdf		
Parcel ID:		
Employee Name:		
Source Envelope:		
Document Pages: 10	Signatures: 4	Envelope Originator:
Certificate Pages: 6	Initials: 0	Shondra Turner
AutoNav: Enabled	Stamps: 1	141 Pryor Street
Envelopeld Stamping: Enabled		Purchasing & Contract Compliance, Suite 1168
Time Zone: (UTC-05:00) Eastern Time (US & Canada)		Atlanta, GA 30303
		shondra.turner@fultoncountyga.gov
		IP Address: 169.224.182.188

Record Tracking

Status: Original	Holder: Shondra Turner	Location: DocuSign
12/4/2025 1:57:00 PM	shondra.turner@fultoncountyga.gov	
Security Appliance Status: Connected	Pool: StateLocal	
Storage Appliance Status: Connected	Pool: Fulton County Government	Location: Docusign

Signer Events

Signer Events	Signature	Timestamp
Monty Little mlittle@hydroinc.net President Security Level: Email, Account Authentication (None)	 Signature Adoption: Pre-selected Style Using IP Address: 2603:3001:2661:4200:4848:cd56:2551:40b	Sent: 12/4/2025 2:06:36 PM Viewed: 12/5/2025 9:10:12 AM Signed: 12/5/2025 9:10:31 AM


Electronic Record and Signature Disclosure:
Accepted: 12/5/2025 9:10:12 AM
ID: d171bebd-6018-4318-8fd6-b9694dfa36ae

David Clark david.clark@fultoncountyga.gov Director Public Works Security Level: Email, Account Authentication (None)	 Signature Adoption: Pre-selected Style Using IP Address: 2600:387:2:803::9e	Sent: 12/5/2025 9:10:33 AM Viewed: 12/5/2025 9:23:44 AM Signed: 12/5/2025 9:23:51 AM
---	---	--

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: 74.174.59.10	Sent: 12/5/2025 9:23:53 AM Viewed: 12/8/2025 11:08:03 AM Signed: 12/8/2025 11:08:22 AM
---	--	--

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)	 Signature Adoption: Pre-selected Style Using IP Address: 74.174.59.10	Sent: 12/8/2025 11:08:24 AM Viewed: 12/9/2025 9:38:12 AM Signed: 12/9/2025 9:38:22 AM

Electronic Record and Signature Disclosure:
Accepted: 12/9/2025 9:38:12 AM
ID: 5a1e7136-71d4-4178-b119-06509423fee3

Tonya Grier
Tonya.Grier@fultoncountyga.gov
Clerk to the Commission
Fulton County Government
Security Level: Email, Account Authentication (None)





Signature Adoption: Uploaded Signature Image
Using IP Address: 136.226.3.92

Sent: 12/9/2025 9:38:24 AM
Viewed: 12/9/2025 10:09:22 AM
Signed: 12/9/2025 10:09:31 AM

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

Shondra Turner
shondra.turner@fultoncountyga.gov
Security Level: Email, Account Authentication (None)

COPIED

Sent: 12/9/2025 10:09:34 AM
Resent: 12/9/2025 10:09:42 AM
Viewed: 12/9/2025 12:30:37 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: 12/9/2025 10:09:35 AM

Electronic Record and Signature Disclosure:
Not Offered via Docusign

Dian DeV Vaughn
dian.dev Vaughn@fultoncountyga.gov
Security Level: Email, Account Authentication (None)

COPIED

Sent: 12/9/2025 10:09:37 AM

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	12/4/2025 2:06:36 PM
Certified Delivered	Security Checked	12/9/2025 10:09:22 AM
Signing Complete	Security Checked	12/9/2025 10:09:31 AM
Completed	Security Checked	12/9/2025 10:09:37 AM

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.