OFFICE OF THE MEDICAL EXAMINER

CONTRACT RENEWAL AGREEMENT

DEPARTMENT: Office of the Medical Examiner

ORIGINAL APPROVAL DATE: 09/04/2024

RENEWAL EFFECTIVE DATES: January 1, 2026

RENEWAL OPTION #:

NUMBER OF RENEWAL OPTIONS:

RENEWAL AMOUNT: N/A

COMPANY'S NAME: Emory University School of Medicine .

ADDRESS: 100 Woodruff Circle, N.E., Suite 327

CITY: Atlanta

STATE: GA

ZIP: 30322

This Renewal Agreement No. ___ was approved by the Fulton County Board of Commissioners on BOC DATE: _____ BOC NUMBER: _____

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	**[Contractor]**
Robert L. Pitts, Chairman **Fulton County Board of Commissioners**	**[Insert name]** **[Insert title]**
ATTEST:	**ATTEST:**
Tonya R. Grier **Clerk to the Commission**	**Secretary/** **Assistant Secretary**
(Affix County Seal)	**(Affix Corporate Seal)**
AUTHORIZATION OF RENEWAL:	**ATTEST:**
Karen E. Sullivan, MD **Office of the Medical Examiner**	**Notary Public**
APPROVED AS TO FORM:	**County:_____**
	Commission Expires: _____
Office of the County Attorney	
	(Affix Notary Seal)

ITEM#:_____ RM:_____	**ITEM#:_____2nd RM:_____**
REGULAR MEETING	**SECOND REGULAR MEETING**