



## **CONTRACT RENEWAL AGREEMENT**

**DEPARTMENT: MEDICAL EXAMINER**

**BID/RFP# NUMBER: 21ITB131809C-MH**

**BID/RFP# TITLE: Forensic Postmortem Toxicology Testing**

**ORIGINAL APPROVAL DATE: 12/15/2021**

**RENEWAL EFFECTIVE DATES: 01/01/2023-12/31/2023**

**RENEWAL OPTION #: 1 OF 2**

**NUMBER OF RENEWAL OPTIONS: 1**

**RENEWAL AMOUNT: \$ 125,000**

**COMPANY'S NAME: Axis Forensic Toxicology Inc**

**ADDRESS: P.O. Box 681513**

**CITY: Indianapolis**

**STATE: IN**

**ZIP: 46268-7513**

**This Renewal Agreement No. \_\_\_\_ was approved by the Fulton County Board of Commissioners on BOC DATE: BOC NUMBER:**

**SIGNATURES: SEE NEXT PAGE**

**SIGNATURES:**

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**

**AXIS FORENSIC TECHNOLOGY, INC.**

\_\_\_\_\_  
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:**

\_\_\_\_\_  
[Insert Department Head Name & Title]  
[Insert User Department Name]

\_\_\_\_\_  
Notary Public

County:\_\_\_\_\_

Commission Expires: \_\_\_\_\_

(Affix Notary Seal)

ITEM#:_____ RCS:_____	ITEM#:_____ RM:_____
RECESS MEETING	REGULAR MEETING