

**RESPONSIBLE DEPARTMENT: \_\_\_\_\_**  
**MORGAN COUNTY CONTRACT RENEWAL CONFIRMATION FORM**

The information below is confirmation that the contractor/lessor agrees to continue to provide services under the original contract at the updated fee's/services located below in Exhibit A. Either Party may terminate this Agreement upon sixty (60) days advance written notice. The County shall pay Contractor for all work previously authorized and completed prior to the date of termination. If, however, Contractor has breached this Agreement, the County shall have any remedy or right of set-off available at law and equity.

Original Contract No: \_\_\_\_\_ Date Ratified: \_\_\_\_\_ Renewal No: \_\_\_\_\_

Vendor Number: \_\_\_\_\_

Contractor/Lessor: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Contractor Email Address: \_\_\_\_\_

Purpose of Contract/Lease: \_\_\_\_\_

Amount of Contract Renewal: \_\_\_\_\_ Term of Contract/Lease: \_\_\_\_\_

Certificate of Insurance Attached: \_\_\_\_\_ W-9 Attached: \_\_\_\_\_ Funding Source/GL: \_\_\_\_\_

Exhibit A:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Contractor/Responsible Party Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Contractor Printed Name

Department Head Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Administrative Service Manager: \_\_\_\_\_ Date: \_\_\_\_\_

Finance Department Approval: \_\_\_\_\_ Date: \_\_\_\_\_

**Commissioner Approval**

JB: \_\_\_\_\_ TM: \_\_\_\_\_ KB: \_\_\_\_\_

Date: \_\_\_\_\_

Routed Date: \_\_\_\_\_ Finance: \_\_\_\_\_ Department: \_\_\_\_\_ Vendor: \_\_\_\_\_

**THIS ROUTING FORM MUST ACCOMPANY ALL MORGAN COUNTY CONTRACTS**