

CS-22-339

# BOCC CONTRACT APPROVAL FORM

CONTRACT TRACKING NO.  
CM2891-A4

**SECTION 1 - GENERAL INFORMATION**  
 Requesting Department: OMB Contact Person: Marshall Eyerman  
 Telephone: (904) 530-6011 Email: meyerman@nassaucountyfl.com

**SECTION 2 - VENDOR INFORMATION**  
 Name: Dawson Associates LLC  
 Address: 20 Town Way  
 City: Situate State: MA Zip Code: 02066  
 Vendor's Administrator Name: Jeff Dawson Title: \_\_\_\_\_  
 Telephone: (781) 544-2080 Email: jdawson@dawson-associates.com

**SECTION 3 - VENDOR AUTHORIZED SIGNATORY**  
 Authorized Signatory Name: Jeff Dawson  
 Authorized Signatory Email: jdawson@dawson-associates.com  
 (IDENTIFY WHO WILL SIGN THE CONTRACT ON BEHALF OF THE VENDOR. OFFICER/DIRECTOR WITH AUTHORITY TO BIND COMPANY.)

**SECTION 4 - CONTRACT INFORMATION**  
 Contract Name: Signage Agreement  
 Type:  New Contract  Work Authorization  Supplemental Agreement  
 Short Description of Product(s)/Service(s) Being Requested: Professional services for signage design  
 (GOODS AND/OR SERVICES TO BE PROCURED, PHYSICAL LOCATION, ETC.)  
 Procured Method:  Quotes  ITB  RFP  RFQ  Piggyback  Exemption  Sole Source  
 Single Source  Other Professional Services  
 Total Amount of Contract: \$65,000 (Estimate if necessary)  
 Account Number: 137.523.552.55.531000  
 Source of Funds:  County  State  Federal  Other: \_\_\_\_\_  
 County Authorized Signatory:  BOCC Chairman  County Manager  
 (IDENTIFY WHO WILL SIGN CONTRACT ON BEHALF OF BOCC)

**SECTION 5 - INSURANCE**  
 Insurance Category:  Category L  Category M  Category H  Other: w/ professional  
 Risk Manager Initials: MM /31/2023

**SECTION 6 - AMENDMENT INFORMATION**  
 Contract Tracking No: CM2891 Amendment No: A4  
 Type of Amendment:  Renewal  Time Only Extension  Additional Scope  Other: 9/20/24  
 Increased Amount to Existing Contract: \$ 0.00 (if any) Total with Amended Amount: \$ 65,000.00

**APPROVALS PURSUANT TO NASSAU COUNTY PURCHASING POLICY**

- Marshall Eyerman 8/31/2023
- Department Head/Contract Manager Chris Lacambra Date 9/1/2023 PL 8/31/2023
- Office of Management & Budget Chris Lacambra Date 9/1/2023
- Procurement Chris C. May Date 9/5/2023 CFJ 9/5/2023
- County Attorney \_\_\_\_\_ Date \_\_\_\_\_

**COUNTY MANAGER SIGNATURE APPROVAL**

County Manager \_\_\_\_\_ Date 9/8/2023

**FOURTH AMENDMENT TO CONTRACT FOR PROFESSIONAL SERVICES**

**THIS FOURTH AMENDMENT TO THE CONTRACT FOR PROFESSIONAL SERVICES** (hereinafter “Amendment”) is made by and between the Board of County Commissioners of Nassau County, Florida, a political subdivision of the State of Florida (hereinafter the “County”), and Dawson Associates, LLC, a business having its primary business location at 20 Town Way, Scituate, MA 02066, (hereinafter the “Vendor”).

**WITNESSETH:**

**WHEREAS**, the Parties previously entered into a Contract for Professional Services dated January 21, 2021 (hereinafter “Contract”); and

**WHEREAS**, the Contract provided for an initial term of eight (8) months beginning January 21, 2021 and ending September 20, 2021, with an option to extend upon mutual agreement of the parties; and

**WHEREAS**, on September 20, 2021, the parties executed Amendment No. 1 to the Contract to extend the expiration date to September 20, 2022; and

**WHEREAS**, on July 6, 2022, the parties executed Amendment No. 2 to the Contract to extend the expiration date to September 20, 2023; and

**WHEREAS**, on September 12, 2022, the parties executed Amendment No. 3 to the Contract to include professional services for concept, design, and production services for the Fernandina Beach Gateway Entrance and to increase the compensation by a fixed price fee of Fifteen Thousand and 00/100 dollars (\$15,000) with a total sum compensation not to exceed Sixty-Five Thousand and 00/100 dollars (\$65,000) to account for the additional services; and

**WHEREAS**, the Parties now desire to amend the Contract terms and conditions subject to the provisions contained herein.

**NOW, THEREFORE**, for good and valuable consideration the receipt and sufficiency of which is hereby acknowledged, and intending to be legally bound, the Parties do agree to amend the Contract as follows:

**SECTION 1.** Article 4 of the Contract is hereby amended to extend the term of the Contract for an additional one (1) year and the Contract shall now terminate on September 20, 2024.

**SECTION 2.** All other terms and conditions of the Contract not inconsistent with the provisions of this Amendment shall remain the same and in full force and effect.

CM2891-A4

IN WITNESS WHEREOF, the Parties have caused this Fourth Amendment to be executed by its duly authorized representatives, effective as of the last date below.

**NASSAU COUNTY, FLORIDA**

Signature: Taco E. Pope, AICP

Print Name: Taco E. Pope

Title: County Manager

Date: 9/6/2023

**REVIEWED FOR LEGAL FORM AND CONTENT:**

Denise C. May  
**DENISE C. MAY, County Attorney**

**DAWSON ASSOCIATES, LLC**

Signature: Jeff Dawson

By: Jeff Dawson

Title: owner

Date: 9/4/2023



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 08/29/2023
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**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).**

<b>PRODUCER</b> Hiscox Inc. 5 Concourse Parkway Suite 2150 Atlanta GA, 30328	<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): (888) 202-3007      FAX (A/C, No): E-MAIL ADDRESS: contact@hiscox.com														
<b>INSURED</b> Dawson Associates Llc 20 Town Way Scituate MA 02066	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: center;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: center;">NAIC #</th> </tr> <tr> <td>INSURER A: Hiscox Insurance Company Inc</td> <td style="text-align: center;">10200</td> </tr> <tr> <td>INSURER B:</td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Hiscox Insurance Company Inc	10200	INSURER B:		INSURER C:		INSURER D:		INSURER E:		INSURER F:	
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**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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y	Y	UDC-5038368-CGL-23	01/01/2023	01/01/2024	EACH OCCURRENCE \$ 3,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 0 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ S/T Gen. Agg. \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			UDC-5038368-CGL-23	01/01/2023	01/01/2024	COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ CGL HNOA Limit (per occurrence) \$ 1,000,000
	<b>UMBRELLA LIAB</b> OCCUR <b>EXCESS LIAB</b> CLAIMS-MADE DED                                      RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below	N/A					PER STATUTE    OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)**  
 Board of County Commissioners, Nassau County is an Additional Insured. The Hiscox General Liability Policy is endorsed with a Waiver of Subrogation, subject to the policy's terms and conditions.

<b>CERTIFICATE HOLDER</b> Board of County Commissioners, Nassau County 96135 Nassau Pl Suite 6 Yulee, FL 32097	<b>CANCELLATION</b> 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
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# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
08/14/2023

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<b>PRODUCER</b> Hiscox Inc. 5 Concourse Parkway Suite 2150 Atlanta GA, 30328	<b>CONTACT NAME:</b> PHONE (A/C, No. Ext): (888) 202-3007      FAX (A/C, No): E-MAIL ADDRESS: contact@hiscox.com																					
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		E.L. DISEASE - EA EMPLOYEE \$																	
		E.L. DISEASE - POLICY LIMIT \$																	
A	Professional Liability	N		UDC-5038368-EO-23	01/01/2023	01/01/2024	Each Claim: \$ 1,000,000 Aggregate: \$ 1,000,000												

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

**CERTIFICATE HOLDER**      **CANCELLATION**

Board of Commissioners Nassau County 96135 Nassau Place Suite #6 Yulee FL 32097	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
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NASSAU COUNTY, FLORIDA  
NASSAU COUNTY  
Release and Waiver of Liability Form

This Release and Waiver of Liability (the "release") executed on 26th April, 2023 (date) by Jeffery Dawson ("Vendor/Contractor") releases Nassau County Board of County Commissioners, ("NCBOCC"), a County organized and existing under the laws of the State of Florida and each of its directors, officers, employees, and agents. The Vendor/Contractor desires to provide Vendor/Contractor services for NCBOCC and engage in activities related to serving as a Vendor/Contractor.

Vendor/Contractor understands that the scope of Vendor/Contractor's relationship with NCBOCC is limited to a Vendor/Contractor position and that no compensation is expected in return for services provided by Vendor/Contractor; that NCBOCC will not provide any benefits traditionally associated with employment to Vendor/Contractor; and that Vendor/Contractor is responsible for his/her own insurance coverage in the event of personal injury or illness as a result of Vendor/Contractor's services to NCBOCC.

I, the Vendor/Contractor, release and forever discharge and hold harmless NCBOCC and its successors and assigns from any and all liability, claims, and demands of whatever kind of nature, either in law or in equity, which arise or may hereafter arise from the services I provide to NCBOCC.

I understand and acknowledge that this Release discharges NCBOCC from any liability or claim that I may have against NCBOCC with respect to bodily injury, personal injury, illness, death, or property damage that may result from the services I provide to NCBOCC or occurring while I am providing Vendor/Contractor services.

I further acknowledge that this Release and Waiver of Liability affects my legal rights and that I freely, voluntarily, and knowingly agree to and execute this Release and Waiver of Liability after having received the opportunity to seek legal counsel for advice as to my legal rights and after my free and voluntary decision as to whether to seek legal counsel. The terms of this Release and Waiver of Liability shall serve as a release for my personal representative, heirs, executors, administrators, assigns, and for all members of my family.

Further I understand that NCBOCC does not assume any responsibility for or obligation to provide me with financial or other assistance, including but not limited to medical, health, or disability benefits or insurance. I expressly waive any such claim for compensation or liability on the part of NCBOCC.

I hereby Release and forever discharge NCBOCC from any claim whatsoever which arises or may hereafter arise on account of first-aid treatment or other medical services rendered in connection with an emergency during my tenure as a Vendor/Contractor with NCBOCC.

I understand that the services I provide to NCBOCC may include activities that may be hazardous to me. As a Vendor/Contractor, I hereby expressly assume risk of injury or harm from these activities and Release NCBOCC from all liability. I certify that I am 18 years of age or older or if under 18, signature of parent or guardian is required.

Understanding that public relations is an important part of a Vendor/Contractor's activities on behalf of NCBOCC, I hereby authorize NCBOCC to use any photographs taken of me during the course of my service as a Vendor/Contractor for public relations purposes.

As a Vendor/Contractor, I expressly agree that this Release is intended to be as broad and inclusive as permitted by the laws of the State of Florida and that this Release shall be governed by and interpreted in accordance with the laws of the State of Florida. I agree that in the event any clause or provision of this Release is deemed invalid, the enforceability of the remaining provisions of this Release shall not be affected.

[Signature] Date: 8/28/23  
Signature (or Parent/Guardian if under 18)

JEFFREY DAWSON  
Printed Name of Signature, Parent or Guardian

STATE OF Massachusetts  
COUNTY OF Worcester

I HEREBY CERTIFY that on this day, personally appeared before me, by means of  physical presence or  online notarization, Jeffrey D Dawson, who is personally known to me or who has produced MA Drivers License as identification, who is the person described in and who executed the foregoing instrument and who acknowledged before me that they executed the same for the uses and purposes therein expressed.

Witness my hand and official seal, this 28<sup>th</sup> day of August, 2023.

[Signature]  
Randy Lopez  
Notary Public, State of Florida  
Massachusetts



**Certificate Of Completion**

Envelope Id: 9E32C352C8B74751B8ED7CC2D348BA8C	Status: Completed
Subject: Contract #2891A4 Time extension only, Description: Beach signs	
Source Envelope:	
Document Pages: 7	Signatures: 8
Certificate Pages: 6	Initials: 3
AutoNav: Enabled	Envelope Originator:
Envelope Stamping: Enabled	Marshall Eyerman
Time Zone: (UTC-05:00) Eastern Time (US & Canada)	MEyerman@nassaucountyfl.com
	IP Address: 50.238.237.26

**Record Tracking**

Status: Original	Holder: Marshall Eyerman	Location: DocuSign
8/31/2023 2:58:51 PM	MEyerman@nassaucountyfl.com	


**Signer Events**

Signature	Timestamp
Marshall Eyerman meyerman@nassaucountyfl.com Assistant County Manager Nassau County BOCC Security Level: Email, Account Authentication (None)	Sent: 8/31/2023 3:03:23 PM Viewed: 8/31/2023 3:03:37 PM Signed: 8/31/2023 3:03:42 PM
Signature Adoption: Pre-selected Style Using IP Address: 50.238.237.26	


**Electronic Record and Signature Disclosure:**  
Not Offered via DocuSign

Tracy Poore tpoore@nassaucountyfl.com OMB Admin Nassau County BOCC Security Level: Email, Account Authentication (None)		Sent: 8/31/2023 3:03:23 PM Viewed: 8/31/2023 3:16:21 PM Signed: 8/31/2023 3:18:55 PM
	Signature Adoption: Pre-selected Style Using IP Address: 50.238.237.26	

**Electronic Record and Signature Disclosure:**  
Not Offered via DocuSign

chris lacambra clacambra@nassaucountyfl.com OMB Director Nassau County BOCC Security Level: Email, Account Authentication (None)		Sent: 8/31/2023 3:18:56 PM Viewed: 9/1/2023 6:59:09 AM Signed: 9/1/2023 6:59:13 AM
	Signature Adoption: Pre-selected Style Using IP Address: 50.238.237.26	

**Electronic Record and Signature Disclosure:**  
Not Offered via DocuSign

Ashley Metz ametz@nassaucountyfl.com Human Resources Director Nassau County BOCC Security Level: Email, Account Authentication (None)		Sent: 8/31/2023 3:18:56 PM Viewed: 8/31/2023 3:42:57 PM Signed: 8/31/2023 3:44:44 PM
	Signature Adoption: Pre-selected Style Using IP Address: 108.75.165.98 Signed using mobile	

**Electronic Record and Signature Disclosure:**  
Not Offered via DocuSign



Signer Events	Signature	Timestamp
<p>Lanaee Gilmore lgilmore@nassaucountyfl.com Procurement Director Nassau County BOCC Security Level: Email, Account Authentication (None)</p> <p><b>Electronic Record and Signature Disclosure:</b> Not Offered via DocuSign</p>	<p><i>Lanaee Gilmore</i></p> <p>Signature Adoption: Pre-selected Style Using IP Address: 50.238.237.26</p>	<p>Sent: 9/1/2023 6:59:17 AM Viewed: 9/1/2023 9:48:31 AM Signed: 9/1/2023 9:48:49 AM</p>
<p>Jeff Dawson jdawson@dawson-associates.com Owner Principal-in-charge Security Level: Email, Account Authentication (None)</p> <p><b>Electronic Record and Signature Disclosure:</b> Accepted: 7/6/2022 2:06:39 PM ID: dd33f5e4-084b-418d-a96a-c83a463286e4</p>	<p><i>Jeff Dawson</i></p> <p>Signature Adoption: Pre-selected Style Using IP Address: 71.234.37.44</p>	<p>Sent: 9/1/2023 9:48:51 AM Viewed: 9/4/2023 12:30:36 PM Signed: 9/4/2023 12:31:14 PM</p>
<p>Abigail F. Jorandby ajorandby@nassaucountyfl.com Assistant County Attorney Nassau BOCC Security Level: Email, Account Authentication (None)</p> <p><b>Electronic Record and Signature Disclosure:</b> Not Offered via DocuSign</p>	<p><i>(AFJ)</i></p> <p>Signature Adoption: Pre-selected Style Using IP Address: 50.238.237.26</p>	<p>Sent: 9/4/2023 12:31:18 PM Viewed: 9/5/2023 9:35:10 AM Signed: 9/5/2023 9:35:18 AM</p>
<p>Denise C. May dmay@nassaucountyfl.com Assistant County Attorney Nassau County BOCC Security Level: Email, Account Authentication (None)</p> <p><b>Electronic Record and Signature Disclosure:</b> Not Offered via DocuSign</p>	<p><i>Denise C. May</i></p> <p>Signature Adoption: Pre-selected Style Using IP Address: 50.238.237.26</p>	<p>Sent: 9/5/2023 9:35:20 AM Viewed: 9/5/2023 9:36:36 AM Signed: 9/5/2023 9:36:46 AM</p>
<p>Taco E. Pope, AICP tpope@nassaucountyfl.com County Manager Nassau County BOCC Security Level: Email, Account Authentication (None)</p> <p><b>Electronic Record and Signature Disclosure:</b> Not Offered via DocuSign</p>	<p><i>Taco E. Pope AICP</i></p> <p>Signature Adoption: Pre-selected Style Using IP Address: 50.238.237.26</p>	<p>Sent: 9/5/2023 9:36:50 AM Viewed: 9/6/2023 11:06:30 AM Signed: 9/6/2023 11:06:56 AM</p>
<b>In Person Signer Events</b>	<b>Signature</b>	<b>Timestamp</b>
<b>Editor Delivery Events</b>	<b>Status</b>	<b>Timestamp</b>
<b>Agent Delivery Events</b>	<b>Status</b>	<b>Timestamp</b>
<b>Intermediary Delivery Events</b>	<b>Status</b>	<b>Timestamp</b>
<b>Certified Delivery Events</b>	<b>Status</b>	<b>Timestamp</b>

Carbon Copy Events	Status	Timestamp
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Clerk Admin clerkservices@nassaucountyfl.com Security Level: Email, Account Authentication (None) <b>Electronic Record and Signature Disclosure:</b> Not Offered via DocuSign	<b>COPIED</b>	Sent: 9/6/2023 11:06:59 AM Viewed: 9/6/2023 11:11:46 AM
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BOCC Procurement bocccprocurement@nassaucountyfl.com Security Level: Email, Account Authentication (None) <b>Electronic Record and Signature Disclosure:</b> Not Offered via DocuSign	<b>COPIED</b>	Sent: 9/6/2023 11:07:00 AM
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Witness Events	Signature	Timestamp
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Notary Events	Signature	Timestamp
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Envelope Summary Events	Status	Timestamps
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Envelope Sent	Hashed/Encrypted	8/31/2023 3:03:23 PM
Certified Delivered	Security Checked	9/6/2023 11:06:30 AM
Signing Complete	Security Checked	9/6/2023 11:06:56 AM
Completed	Security Checked	9/6/2023 11:07:00 AM

Payment Events	Status	Timestamps
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Electronic Record and Signature Disclosure
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## **ELECTRONIC RECORD AND SIGNATURE DISCLOSURE**

From time to time, County of Nassau (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 system. Please read the information below carefully and thoroughly, and if you can access this information electronically to your satisfaction and agree to this Electronic Record and Signature Disclosure (ERSD), please confirm your agreement by selecting the check-box next to 'I agree to use electronic records and signatures' before clicking 'CONTINUE' within the DocuSign system.

### **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 the signing session and, if you elect to create a DocuSign account, you may access the documents for a limited period of time (usually 30 days) after such documents are first sent to you. After such time, if you wish for us to send you paper copies of any such documents from our office to you, you will be charged a \$0.00 per-page fee. 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. Further, 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 County of Nassau:**

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: [bsimmons@nassaucountyfl.com](mailto:bsimmons@nassaucountyfl.com)

### **To advise County of Nassau of your new email address**

To let us know of a change in your email address where we should send notices and disclosures electronically to you, you must send an email message to us at [bsimmons@nassaucountyfl.com](mailto:bsimmons@nassaucountyfl.com) and in the body of such request you must state: your previous email address, your new email address. We do not require any other information from you to change your email address.

If you created a DocuSign account, you may update it with your new email address through your account preferences.

### **To request paper copies from County of Nassau**

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 email to [bsimmons@nassaucountyfl.com](mailto:bsimmons@nassaucountyfl.com) and in the body of such request you must state your email address, full name, mailing address, and telephone number. We will bill you for any fees at that time, if any.

### **To withdraw your consent with County of Nassau**

To inform us that you no longer wish to receive future notices and disclosures in electronic format you may:

- i. decline to sign a document from within your signing session, and on the subsequent page, select the check-box indicating you wish to withdraw your consent, or you may;
- ii. send us an email to [bsimmons@nassaucountyfl.com](mailto:bsimmons@nassaucountyfl.com) and in the body of such request you must state your email, full name, mailing 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**

The minimum system requirements for using the DocuSign system may change over time. The current system requirements are found here: <https://support.docusign.com/guides/signer-guide-signing-system-requirements>.

### **Acknowledging your access and consent to receive and sign documents 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 confirm that you have read this ERSD, and (i) that you are able to print on paper or electronically save this ERSD for your future reference and access; or (ii) that you are able to email this ERSD to an email 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 as described herein, then select the check-box next to 'I agree to use electronic records and signatures' before clicking 'CONTINUE' within the DocuSign system.

By selecting the check-box next to 'I agree to use electronic records and signatures', you confirm that:

- You can access and read this Electronic Record and Signature Disclosure; and
- You can print on paper this Electronic Record and Signature Disclosure, or save or send this Electronic Record and Disclosure to a location where you can print it, for future reference and access; and
- Until or unless you notify County of Nassau as described above, you consent to receive exclusively through electronic means all notices, disclosures, authorizations, acknowledgements, and other documents that are required to be provided or made available to you by County of Nassau during the course of your relationship with County of Nassau.