

Contract Manager: _____
Location: Transportation Authority of Marin
900 Fifth Avenue, Suite 100
San Rafael, CA 94901
Contact: 415.226.08_____
@tam.ca.gov

Notices shall be given to Consultant at the following address:

Consultant: _____
Location: _____
Contact: _____

31. ACKNOWLEDGEMENT OF EXHIBITS

CONSULTANT'S INITIALS

- EXHIBIT A.** **Scope of Services and Budget**
- EXHIBIT B.** **Insurance Reduction/Waiver**

IN WITNESS WHEREOF, the Parties have executed this Contract on the Effective Date.

TRANSPORTATION AUTHORITY OF MARIN:

CONSULTANT:

By: _____
Anne Richman, Executive Director

By: _____
Authorized Signature

Name (Print)

Title

Company Name

Federal Employer ID Number or SSN