

**Service or Change Order**  
**Effective Date: \_\_\_\_\_**

This Service or Change Order (“Order”) shall, upon execution of the parties, be incorporated into the Professional Services Agreement between **Lake County Stormwater Management Commission** (“Client”) and **Geosyntec Consultants, Inc.** (“Consultant/Engineer” or “C/E”) dated \_\_\_\_\_, 20\_\_\_\_\_.

**Project #:** TBD       Service Order       Change Order

The form of currency for this Service Order is Select Currency.

**Authorized Representatives:**

For Client:

Name: Lake County Stormwater Management Commission  
Address: 500 W. Winchester Road, Suite 201, Libertyville, IL 60048  
Telephone #: 847.377.7700  
Email Address: mwarner@lakecountyil.gov

For C/E:

Name: Adrienne Nemura  
Address: 1420 Kensington Rd., Suite 103, Oak Brook, IL 60521  
Telephone #: 630-203-3340  
Email Address: anemura@Geosyntec.com

**Scope of Services and Schedule:**

C/E will perform the services in accordance with the scope and schedule set forth in C/E’s proposal dated \_\_\_\_\_ (“Proposal”) or on separate pages attached to this Service Order and incorporated herein.

**Rates and Price:**

The total price for this Service Order is:

\$33,000 on a time and materials basis which will not be exceeded without Client written consent.

\_\_\_\_\_ on a lump sum/fixed price basis.

For time and materials services, C/E will invoice Client at the rates set forth in the Agreement. If rates are not included in the Agreement, C/E will invoice Client in accordance with its Proposal and/or current standard rates.

The terms and conditions of the Professional Services Agreement referenced above shall apply to this Service Order. Any modification to this Order must be approved in writing by authorized representatives of the parties.

Acceptance of the terms of this Service Order is acknowledged by the following signatures of the Authorized Representatives.

**CLIENT**

\_\_\_\_\_  
Signature

Michael Warner  
\_\_\_\_\_  
Typed or Printed Name

Executive Director  
\_\_\_\_\_  
Title

\_\_\_\_\_  
Date of Signature

**CONSULTANT/ ENGINEER**

\_\_\_\_\_  
Signature

Andrea Cline  
\_\_\_\_\_  
Typed or Printed Name

Project Scientist  
\_\_\_\_\_  
Title

\_\_\_\_\_  
Date of Signature