

FIFTH AMENDATORY AGREEMENT

This **FIFTH AMENDATORY AGREEMENT** is made between the **CITY AND COUNTY OF DENVER**, a municipal corporation of the State of Colorado (the “City”) and **WM CURBSIDE, LLC**, a Delaware limited liability company whose address is 1001 Fannin Street, Suite 4000, Houston, Texas 77002 (the “Contractor”), jointly (“the Parties”).

RECITALS:

A. The Parties entered into an Agreement dated June 19, 2015, an Amendatory Agreement dated October 3, 2017, a Second Amendatory Agreement dated July 13, 2018, a Third Amendatory Agreement dated August 2, 2019, and a Fourth Amendatory Agreement dated April 22, 2020 (collectively, the “Agreement”) to provide door-to-door collection, management, and disposal of household hazardous waste services.

B. The Parties wish to amend the Agreement to extend the term.

NOW THEREFORE, in consideration of the premises and the Parties’ mutual covenants and obligations, the Parties agree as follows:

1. Section 3 of the Agreement entitled “**TERM**” is hereby deleted in its entirety and replaced with:

“**3. TERM**: The Agreement will commence on **April 1, 2015** and will expire on **September 30, 2021** (the “Term”).”

2. As herein amended, the Agreement is affirmed and ratified in each and every particular.

3. This Fifth Amendatory Agreement will not be effective or binding on the City until it has been fully executed by all required signatories of the City and County of Denver, and if required by Charter, approved by the City Council.

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Contract Control Number: DOTI-202158324-05 / ALF-201520767-05
Contractor Name: WM Curbside, LLC

IN WITNESS WHEREOF, the parties have set their hands and affixed their seals at Denver, Colorado as of:

SEAL

CITY AND COUNTY OF DENVER:

ATTEST:

By:

APPROVED AS TO FORM:

REGISTERED AND COUNTERSIGNED:

Attorney for the City and County of Denver

By:

By:

By:

Contract Control Number:
Contractor Name:

DOTI-202158324-05 / ALF-201520767-05
WM Curbside, LLC

By: DocuSigned by:
Frank Santiago
3222C03241D6492...

Name: Frank Santiago
(please print)

Title: Director, Public Sector Solutions
(please print)

ATTEST: [if required]

By: _____

Name: _____
(please print)

Title: _____
(please print)