Attachment I

Contractor Affidavit under O.C.G.A. § 13-10-91(b)(l)

The undersigned contractor ("Contractor") executes this Affidavit to comply with O.C.G.A § 13-10-91 related to any contract to which Contractor is a party that is subject to O.C.G.A. § 13-10-91 and hereby verifies its compliance with O.C.G.A. § 13-10-91, attesting as follows:

- a) The Contractor has registered with, is authorized to use and uses the federal work authorization program commonly known as E-Verify, or any subsequent replacement program;
- b) The Contractor will continue to use the federal work authorization program throughout the contract period, including any renewal or extension thereof:
- c) The Contractor will notify the public employer in the event the Contractor ceases to utilize the federal work authorization program during the contract period, including renewals or extensions thereof;
- d) The Contractor understands that ceasing to utilize the federal work authorization program constitutes a material breach of Contract:
- e) The Contractor will contract for the performance of services in satisfaction of such contract only with subcontractors who present an affidavit to the Contractor with the information required by O.C.G.A. § 13-10-91(a). (b). and (c):
- f) The Contractor acknowledges and agrees that this Affidavit shall be incorporated into any contract(s) subject to the provisions of O.C.G.A. § 13-10-91 for the project listed below to which Contractor is a party after the date hereof without further action or consent by Contractor; and Contractor acknowledges its responsibility to submit project for Contractor.
- Contractor acknowledges its responsibility to submit copies of any affidavits, drivers' licenses, and identification cards required pursuant to O.C.G.A. § 13-10-91 to the public employer within five business days of receipt.

Federal Work Authorization User Identification Number	8/4/22 Date of Authorization
SCHNEIDER GEOSPATIAL, LLC Name of Contractor	Property Tax Website Name of Project
Lowndes County, Georgia Board of Tax Assessors Name of Public Employer	
I hereby declare under penalty of perjury that the foregoing is a	rue and correct.
Signature of Fulhorized Officer or Agent Printed Sine and Title of Authorized Officer or Agent	odes (city). jal (state).
SUBSCRIBED AND SWORN BEFORE ME ON THIS THE DAY OF August 2022. NOTARY PUBLIC My Commission Expires: 01-04-2014	NOTARY SEAL OF INDIVIDUAL OF INDIVIDUAL INTERPRETATION OF INDIVIDUAL INTER