

Attachment III

Sub-subcontractor Affidavit under O.C.G.A. § 13-10-91(b)(4)

By executing this affidavit, the undersigned sub-subcontractor verifies its compliance with O.C.G.A. § 13-10-91, stating affirmatively that the individual, firm or corporation which is engaged in the physical performance of services under a contract for (name of subcontractor or sub-subcontractor with whom such sub-subcontractor has privity of contract) and Schneider Geospatial, LLC on behalf of Lowndes County, Georgia Board of Tax Assessors has registered with, is authorized to use and uses the federal work authorization program commonly known as E-Verify, or any subsequent replacement program, in accordance with the applicable provisions and deadlines established in O.C.G.A. § 13-10-91. Furthermore, the undersigned sub-subcontractor will continue to use the federal work authorization program throughout the contract period and the undersigned sub-subcontractor will contract for the physical performance of services in satisfaction of such contract only with sub-subcontractors who present an affidavit to the sub-subcontractor with the information required by O.C.G.A. § 13-10-91(b). The undersigned sub-subcontractor shall submit, at the time of such contract, this affidavit to (name of subcontractor or sub-subcontractor with whom such sub-subcontractor has privity of contract). Additionally, the undersigned sub-subcontractor will forward notice of the receipt of any affidavit from a sub-subcontractor to (name of subcontractor or sub-subcontractor with whom such sub-subcontractor has privity of contract). Sub-subcontractor hereby attests that its federal work authorization user identification number and date of authorization are as follows:

BB-2604266
Federal Work Authorization User Identification Number

8/4/22
Date of Authorization

N/A
Name of Sub-subcontractor

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 true and correct.

Executed on August, 4, 2022, in Indianapolis (city), IN (state).

[Signature]
Signature of Authorized Officer or Agent

CEO
Printed Name and Title of Authorized Officer or Agent

SUBSCRIBED AND SWORN BEFORE ME
ON THIS THE 4 DAY OF August, 2022
Stephanie Richardson
NOTARY PUBLIC

My Commission Expires:
01-04-2024

