

**CITY OF STOCKTON**Contract Change Order #: 1Resolution/Motion No. \_\_\_\_\_  
(If not required enter "N/A")Purchase Order No. 195571  
Purchase Order #**OM 16-014, EMERGENCY TREE SERVICES**

Project Number / Project Name / Activity

Original Contract Price	\$70,000.00
Prior Change Order Total	\$0.00
This Change Order	\$150,000.00
Revised Contract Price	\$220,000.00

TO **WEST COAST ARBORISTS, INC.** (Contractor). You are hereby directed to make the herein described changes from the plans and specifications or do the following described work not included in the plans and specifications of this contract.

**Additional Work Performed for Above Referenced Project**

Contract Change Order to increase the Emergency Tree Services contract with West Coast Arborists, Inc. in the amount of \$150,000 for revised estimated annual expenditures.

We, the undersigned contractor, have given careful consideration to the change proposed and hereby agree, if this proposal is approved that we will provide all equipment, furnish all materials, except as may otherwise be noted above, and perform all services necessary for the work above specified, and will accept as full payment therefore the prices shown above.

By reason of this proposed change, 0 days extension of time will be allowed.

Accepted Date \_\_\_\_\_

WEST COAST ARBORISTS, INC.  
(Contractor)

By \_\_\_\_\_

Title \_\_\_\_\_

**Note: This contract change order is not effective until approved by the City Manager.**

**APPROVED AS TO FORM & CONTENT:  
OFFICE OF THE CITY ATTORNEY**

BY \_\_\_\_\_

Date: \_\_\_\_\_

**ATTEST:**

\_\_\_\_\_  
BONNIE PAIGE, CMC  
CITY CLERK OF THE CITY OF STOCKTON

**Internal Approval Routing**

\_\_\_\_\_  
Submitted by: Victor Machado, Parks Manager Date: \_\_\_\_\_

\_\_\_\_\_  
Approval by: Grace B. Petines, Department Fiscal Division Date: \_\_\_\_\_

\_\_\_\_\_  
Approval Recommended by: Jodi Almasy, Acting Public Works Deputy Director Date: \_\_\_\_\_

Do the above changes have any potential impact to:  
Public Facility Fees, Measure K, Gas Tax and/or other restricted funding sources?

If Yes, Budget Officer or designee to verify available funding. If not, enter "N/A" below.

\_\_\_\_\_  
Budget Officer or Designee Date: \_\_\_\_\_

**Approval Recommended by:**

\_\_\_\_\_  
Gordon A. MacKay, Public Works Director Date: \_\_\_\_\_

**Change Order Approved By:**

\_\_\_\_\_  
City Manager, Kurt O. Wilson Date: \_\_\_\_\_