

**PUBLIC CONTRACT FOR SERVICES
DOUGLAS COUNTY GOVERNMENT and
POSTMORTEM PATHOLOGY SERVICES, INC. and the undersigned
Independent Private Pathologists, licensed and authorized to practice
and do business in Colorado**

IN WITNESS WHEREOF, the County and the Consultants have executed this Contract as of the above date.

POSTMORTEM PATHOLOGY SERVICES, INC.

BY: _____

ATTEST: (if a corporation)

Printed Name: _____

Title: _____

Title: _____

DATE: _____

Signature of Notary Public Required:

STATE OF _____)

)

ss.

COUNTY OF _____)

)

The foregoing instrument was acknowledged before me this _____ day of _____, 2025, by _____.

Witness my hand and official seal

Notary Public

My commission expires: _____