

SECOND AMENDMENT TO  
PROFESSIONAL SERVICES AGREEMENT

THIS SECOND AMENDMENT TO PROFESSIONAL SERVICES AGREEMENT (“Amendment”) is made and entered into \_\_\_\_\_, 2016 (“Effective Date”), by and between the CITY OF COSTA MESA, a municipal corporation (the “City”), and WEST COAST ARBORISTS, INC., a California corporation (“Consultant”).

Recitals

WHEREAS, the City and Consultant entered into a Professional Services Agreement on October 1, 2012 to provide tree maintenance services, including trimming, pruning, planting and removal (the “Agreement”); and

WHEREAS, the City and Consultant amended the Professional Services Agreement on February 1, 2016 to increase the maximum annual compensation limit to allow Consultant to provide additional tree maintenance services to support the City’s Parkway Maintenance Capital Improvement program; and to continue to provide tree maintenance services, including prompt removal of dead trees, emergency services during or following storms, and preventative maintenance, throughout the year; and

WHEREAS, Consultant is requesting an increase in compensation under the terms of the Agreement in the amount of the annual increase in the Consumer Price Index for Los Angeles-Riverside-Orange County (CPI); and

NOW, THEREFORE, for valuable consideration, the receipt and sufficiency of which is hereby acknowledged, the parties agree as follows:

1. Section 2.1 of the Agreement is hereby amended to add \$7,050 to the maximum annual compensation limit. This amount reflects a CPI increase of 1.5%.
2. All other terms and provisions of the Agreement shall remain in full force and effect.

IN WITNESS WHEREOF, the parties hereto have caused this Amendment to be executed by and through their respective authorized officers, as of the date first written above.

[Signatures appear on the following page.]

CITY OF COSTA MESA,  
A municipal corporation

\_\_\_\_\_  
Chief Executive Officer

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

\_\_\_\_\_  
Interim Finance Director

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

\_\_\_\_\_  
Interim Public Services Director

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

CONSULTANT

\_\_\_\_\_  
Signature

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

\_\_\_\_\_  
Name and Title

\_\_\_\_\_  
Social Security or Taxpayer ID Number

ATTEST:

\_\_\_\_\_  
City Clerk

APPROVED AS TO FORM:

\_\_\_\_\_  
City Attorney

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

APPROVED AS TO INSURANCE:

\_\_\_\_\_  
Risk Management

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