



Marion County
Board of County Commissioners

Procurement Services

2631 SE Third St.
Ocala, FL 34471
Phone: 352-671-8444
Fax: 352-671-8451

CHANGE ORDER FORM

This form is to be used when a Purchase Order has a change in scope, amount or date. Amounts exceeding 10% of original award requires BCC approval. Some fields may not be applicable and may be left blank. Use your cursor to hover over a field for help.

Date 06/17/2025 Department Utilities Change Order # 2

☐ Additional Days Only Is Board Action Required? Yes

Bid/Contract/Quote Number & Project Title: 23Q-087-TO-18
PO Number: 2401306
Contract Amount: _____
Have you sent Procurement the revised P&P Bond? Yes ☐ No ☐ N/A ☒
Is the change order amount from Contingency? Yes ☐ No ☒
Contractor/Vendor (Name & Address):
Pigeon Ardurra, LLC
925 SE 17th St
Suite A
Ocala, FL 34471

GL Account Number (ORG/OBJECT):
ZF448536 - 563102
Project Account Number (If applicable):
UTC000081
Requesting Amount of Contingency: _____

JUSTIFICATION & DESCRIPTION OF CHANGE

Upon completion of initial modeling, it was determined that additional work will be needed to meet the needs of the water supply and flows for the distribution system. This changes the scope of the engineering project. This request is to add the necessary funds to ensure quality design and engineering.

* BACKUP DOCUMENTATION MUST BE ATTACHED CLARIFYING CHANGE*

Original Ordered Amount:	\$82,066.00
Current Ordered Amount (Not the balance):	\$82,066.00
The PO will be increased/decreased by this change order in the amount of: (Do not put contingency amount)	Increase <input checked="" type="checkbox"/> Decrease <input type="checkbox"/>
The new PO amount including this change order will be: (PO amount will not change if it comes from contingency)(auto calculated)	\$59,985.00
	\$142,051.00
Contract time will be Increased/decreased by _____	DAYS
Prior Substantial Completion Date _____	Revised Substantial Completion Date _____
Prior Final Completion Date _____	Revised Final Completion Date _____

Approval:

Director/Designee _____ Date 6/17/25
Project Mgr. _____ Date _____
Administration (If Applicable) _____ Date _____
Procurement: _____ Date _____

BCC Approval (when applicable):

Chairman, BCC _____ Date _____
Attest: Clerk of Court _____ Date _____
County Administrator _____ Date _____