

**ST. VRAIN LAKES METROPOLITAN DISTRICT NO. 1
ASSIGNMENT OF RECREATIONAL RIGHTS**

Property Address: _____

Property Owner Last Name: _____ Property Owner First Name: _____

Home Phone: _____ Work/Cell Phone: _____

E-mail Address for contact purposes: _____

I, _____ (Property Owner) on behalf of all owners of the above referenced property, hereby temporarily assign any right to receive an Access Card to the St. Vrain Lakes Metropolitan District No. 1 District Facilities to the following:

Name of Assignee(s) (Please Print)

This temporary assignment shall be through:

(Termination Date)

The assignment may be revoked at any time, in the sole discretion of the property owner, upon written notice to St. Vrain Lakes Metropolitan District No. 1.

(Signature of Property Owner)

Date: _____

NOTE: It will be the Assignee(s) responsibility to complete additional forms as required for Access Card issuance including but not limited to the Property/Owner Resident Form and Release Form.

[To Be Completed by District Staff]

Date Received: _____

Received By: _____