ST. VRAIN LAKES METROPOLITAN DISTRICT NO. 1 PROPERTY OWNER/RESIDENT FORM

| Property Address: | | |
|---|--|--|
| Owner/Resident Last Name: | Owner/ Resident First Name: | |
| Home Phone: | Work/Cell Phone: | Birthdate: |
| 2 nd Owner/Resident Last Name: _ | 2 nd Owner/ Resident First Name: | |
| Home Phone: | Work/Cell Phone: | Birthdate: |
| E-mail Address(s) for contact purp | poses: | |
| Emergency Contact:(Not Immediate Family) | Telepho | ne: |
| NOTE: Minors must be accompan Minor Release Form is on file with | | or another Additional Authorized User unless a : |
| ADDITIONAL AUTHORIZED USE | RS | |
| Immediate Family Resid | egivers (Nanny/Babysitte ing at Property Address (i Property Address (Proof n | ncluding grandparents/grandchildren) |
| the Recreation Amenity Fee Scheo | urchased at The Cove du dule for additional inform | |
| | | OMPLETE AN ADDITIONAL AUTHORIZED USER RM IN ORDER TO ACCESS THE RECREATION |
| Authorized User Name | Relationship | Birthdate |
| | | |
| | | |
| | | |
| | | |
| | | |

 $EACH\ PROPERTY\ OWNER/RESIDENT/AUTHORIZED\ USER\ \underline{MUST}\ ALSO\ SIGN\ A\ RELEASE\ FORM$

[To Be Completed by District Staff]

| Date Received: | |
|---|--------------|
| Received By: | |
| Type of Document Used to Confirm Ownership/Resid | lent Status: |
| Additional Comments regarding Authorized User Statu | as: |
| | |
| | |