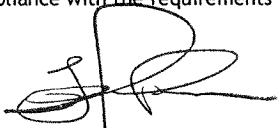




**LOCAL GOVERNMENT  
 DESIGNATED AGENT INFORMATION FOR NOTICE OF CLAIM  
 C.R.S. § 24-32-116**

	Date	1/11/2024	LGID	21067	
<b>Local Government Information<sup>1</sup></b>	Official Name	Lower Fountain Metropolitan Sewage Disposal District			
	Principal Address	14621 Lower Fountain Heights			
	Mailing Address (if not same as above)	11545 Link Rd.			
	City	Fountain	State	CO	Zip 80817
<b>Designated Agent<sup>2</sup></b>	Agent Name	James Heckman			
	Agent Title	District Manager			
	Agent Mailing Address (if not same as above)	Same			
	Agent Alt. Address				
	City		State		Zip

I hereby certify the contact information provided in this filing is true and accurate for purposes of compliance with the requirements of 24-32-116 C.R.S.

X   
 \_\_\_\_\_  
 Authorized Signatory

Title: District Manager  
 DATE: 1/11/2024

<sup>1</sup> Local governments for purposes of this form are all governments not required to comply with 32-1-104 (2); those include municipalities, counties, city & counties, non-Title 32-1 special districts, school districts, and any other local government pursuant to statute.  
<sup>2</sup> Person designated by a local governmental entity to receive a filing of a notice of claim pursuant to 24-10-109 (3) C.R.S. >Title 32-1 special districts official contact communicated annually by January 15<sup>th</sup> will be utilized as those local government's agents pursuant to 24-32-116.

