

STATE OF COLORADO

Division of Local Government
 1313 Sherman Street, Suite 521
 Denver, Colorado 80203
 Phone: (303) 866-2156
 TDD: (303) 866-5300



LOCAL GOVERNMENT CONTACT UPDATE

Local Government Information	<u>Official Name</u>	Rural Water Authority of Douglas County	<u>Date</u>			
	<u>Principal Address</u>	PO BOX 4610				
	<u>Mailing Address (if not same as above)</u>					
	<u>City</u>	Parker	<u>State</u>	CO	<u>Zip</u>	80134
	<u>Website</u>	www.rwadc.org				

Official Contact ¹	<u>Contact Name</u>	Conner Shepherd				
	<u>Contact Title</u>	District Manager				
	<u>Contact Address (if not same as above)</u>					
	<u>Contact Alt. Address</u>					
	<u>City</u>		<u>State</u>		<u>Zip</u>	
	<u>Phone</u>	303-482-1002	<u>Fax</u>			
	<u>E-Mail</u>	conner@ccrider.us		E-Filing ID Needed - <input type="checkbox"/> (check here)		

*If E-filing ID is necessary (checked) you will be contacted regarding changes to your Local Government E-Filing Portal Login Information. E-filing accounts are available for Chief Administrative contact and for Budget Officer contact types except in the case of Title 32-1 special districts the Official Contact pursuant to 32-1-104 (2) will be the only available e-filing user.

Other Contact <input checked="" type="checkbox"/> Board Chair <input type="checkbox"/> Other: _____	<u>Contact Name</u>	Geoff Withers				
	<u>Contact Title</u>	President				
	<u>Contact Address</u> Same As Local Government <input type="checkbox"/>	8857 N. Awl Road				
	<u>Contact Alt. Address</u>					
	<u>City</u>	Parker	<u>State</u>	CO	<u>Zip</u>	80138
	<u>Phone</u>	303-882-0692	<u>Fax</u>	720-851-2013		
	<u>E-Mail</u>			E-Filing ID Needed - <input type="checkbox"/> (check here)		

This Form can be submitted to our address listed above, dola_dlg_helpdesk@state.co.us, or faxed to (303) 866-4819.

¹ All correspondence from the Division of Local Government will be addressed to the Official Contact on record. For Title 32-1 Special Districts the Official Contact is pursuant to 32-1- 104 (2) C.R.S.

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Other Contact <input type="checkbox"/> Board Chair <input type="checkbox"/> Other: 	Contact Name	Sarah Shepherd			
	Contact Title	District Manager			
	Contact Address Same As Local Government <input checked="" type="checkbox"/>				
	Contact Alt. Address				
	City		State		Zip
	Phone	303-652-7745	Fax		
	E-Mail	sees@ccrider.us			

Other Contact <input type="checkbox"/> Board Chair <input type="checkbox"/> Other: 	Contact Name				
	Contact Title				
	Contact Address Same As Local Government <input type="checkbox"/>				
	Contact Alt. Address				
	City		State		Zip
	Phone		Fax		
	E-Mail				