

STATE OF COLORADO

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

RECEIVED

AUG 06 2013

BY: _____



LOCAL GOVERNMENT DESIGNATED AGENT INFORMATION FOR NOTICE OF CLAIM HB12-1244

	Date	7-31-13	LGID		
Local Government Information¹	Official Name	South Metro Fire Rescue Authority			
	Principal Address	9195 East Mineral Avenue			
	Mailing Address (if not same as above)				
	City	Centennial	State	CO	Zip 80107

Designated Agent²	Agent Name	Daniel H. Qualman			
	Agent Title	Fire Chief			
	Agent Mailing Address (if not same as above)				
	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 *Daniel Qualman*

 Authorized Signatory

Title: Fire Chief

DATE: 7/31/13

¹ 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.

² 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 15th will be utilized as those local government's agents pursuant to 24-32-116.

