

**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.*

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**[To Be Completed by District Staff]**

Date Received: \_\_\_\_\_

Received By: \_\_\_\_\_