

**ST. VRAIN LAKES METROPOLITAN DISTRICT NO. 1
OUTSIDE USER INFORMATION FORM**

Home Address: _____

User Last Name: _____ User First Name: _____

Home Phone: _____ Work/Cell Phone: _____ Birthdate: _____

2nd User Last Name: _____ 2nd User First Name: _____

Home Phone: _____ Work/Cell Phone: _____ Birthdate: _____

E-mail Address(s) for contact purposes: _____

Emergency Contact: _____ Telephone: _____

(Not Immediate Family)

NOTE: Minors must be accompanied by a User unless a Minor Release Form is on file with the Community Manager.

EACH OUTSIDE USER MUST ALSO SIGN A RELEASE FORM

[To Be Completed by District Staff]

Date Received: _____

Received By: _____

Outside User Fees Paid: _____

Additional Comments regarding Outside User Status:
