

# Application for Exemption From Audit Short Form

## Instructions

**If either revenues or expenditures exceed \$200,000, use the Long Form**

Under the Local Government Audit Law (Section 29-1-601, et seq., C.R.S.) any local government may apply for an exemption from audit if neither revenues nor expenditures exceed \$1,000,000 in the year.

**Exemptions from audit are NOT automatic**

To qualify for exemption from audit, a local government must complete an Application for Exemption from Audit **each year** and submit it to the Office of the State Auditor (OSA). Approval for an exemption from audit is granted only upon the review by the OSA.

Any preparer of an Application for Exemption from Audit — Short Form must be a person skilled in governmental accounting.

**Read ALL instructions before completing and submitting this form**

All applications must be filed with the OSA **within 3 months** after the accounting year-end.

For example, applications must be received by the OSA on or before March 31 for governments with a December 31 year-end. Applications for exemption from audit are not eligible for an extension of time.

Governmental activity should be reported on the modified accrual basis. Proprietary activity should be reported on a cash or budgetary basis.

### Important!

All Applications for Exemption from Audit are subject to review and approval by the Office of the State Auditor.

Governmental Activity should be reported on the **Modified Accrual Basis**.

Proprietary Activity should be reported on a **Budgetary Basis**.

Failure to file an application or denial of the request could cause the local government to lose its exemption from audit for that year and the ensuing year. In that event, an audit shall be required.

**Postmark dates will not be accepted as proof of submission on or before the statutory deadline**

Prior year forms are obsolete and will not be accepted.

Applications must be fully and accurately completed. Applications submitted on forms other than those prescribed by the OSA will not be accepted.

For your reference, the Colorado Revised Statutes are available through the [LexisNexis Colorado portal](#).

## Checklist

- Has the preparer signed the application prior to board approval?
- Has the entity corrected all prior year deficiencies as communicated by the OSA?
- Has the application been **personally** reviewed and approved by the governing body?
- Are all sections on the form complete, including responses to all of the questions?
- Did you include any relevant explanations for unusual items in the appropriate spaces at the end of each section?

Will this application be submitted electronically?      Yes      No

- If yes, have you read and understood the Electronic Signature Policy? See policy in Part 10.

-- or --

- If yes, have you included a resolution?
  - Does the resolution state that the governing body **personally** reviewed and approved the resolution in an open public meeting?
  - Has the resolution been signed by a **majority** of the governing body? See sample resolution at the end of this form.

Will this application be submitted via a mail service (e.g., U.S. Post Office, FedEx, UPS, courier)?      Yes      No

- If yes, does the application include **original ink signatures** from the **majority** of the governing body?

## Filing Methods

### Web Portal (recommended)

[apps.leg.co.gov/osa/lg](https://apps.leg.co.gov/osa/lg)

For faster processing, the web portal should be used for submissions.

### Mail

#### Office of the State Auditor

Local Government Audit Division  
1375 Sherman St., 5th Floor  
Denver, CO 80261-3000

**Questions? Email:** [osa.lg@coleg.gov](mailto:osa.lg@coleg.gov)      **Phone:** 303-869-3000

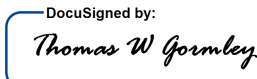
## Contact Information

For the year ended 2025 or the fiscal year ended \_\_\_\_\_.

Name of government	Brownsville Water and Sanitation District
Street address	P.O. Box 306
City, State, Zip	Lafayette, CO 80026
Contact person	Thomas Gormley
Phone	303-665-7713
Email	<a href="mailto:gormleys@earthlink.net">gormleys@earthlink.net</a>

## Certification of Preparer

I certify that I am skilled in governmental accounting and that the information in the application is complete and accurate, to the best of my knowledge. The preparer must sign prior to board approval.

Name	Thomas Gormley	
Title	Secretary / Treasurer	
Firm name (if applicable)		
Address	11418 Flatiron Drive, Lafayette, CO 80026	
Phone	303-665-7713	
Preparer signature	Date prepared	
	1/12/2026	

Please indicate whether the following financial information is recorded using Governmental or Proprietary fund types.

- Governmental (modified accrual basis)
- Proprietary (cash or budgetary basis)

**Part 1: Revenues**

**Part 1A: Revenues Table**

All revenues for all funds must be reflected in this section, including proceeds from the sale of the government's land, building, and equipment, and proceeds from debt or lease transactions. Financial information will not include fund equity information.

Line	Description	Total (round to nearest dollar)
1-1	Taxes: Property (report mills levied in line 9-12)	5386
1-2	Specific ownership	
1-3	Sales and use	
	Other (specify in line 1-4):	
1-4		
1-5	Licenses and permits	
1-6	Intergovernmental: Grants	
1-7	Conservation Trust Funds (Lottery)	
1-8	Highway Users Tax Funds (HUTF)	
	Other (specify in line 1-9):	
1-9		
1-10	Charges for services	
1-11	Fines and forfeits	
1-12	Special assessments	
1-13	Investment income	2191
1-14	Charges for utility services	
1-15	Debt proceeds (should agree to Part 3, Debt Schedule Table, column 'issued during year')	
1-16	Lease proceeds (should agree to Part 3, Debt Schedule Table, column 'issued during year')	
1-17	Developer Advances received (should agree to Part 3, Debt Schedule Table, column 'issued during year')	
1-18	Proceeds from sale of capital assets	
1-19	Fire and police pension	
1-20	Donations	
	Other (specify in lines 1-21 through 1-24)	
1-21		
1-22		
1-23		
1-24		
1-25	<b>TOTAL REVENUES</b> (add lines 1-1 through 1-24)	7,577 0

**IF TOTAL REVENUES OR TOTAL EXPENDITURES ARE GREATER THAN \$200,000 — STOP.**

You may not use this form. Please use the Application for Exemption from Audit - Long Form.

**Part 1B: Comments or Additional Information**

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Please use the space below to provide any additional information (optional):

**Part 2: Expenditures/Expenses**

**Part 2A: Expenditures/Expenses Table**

All expenditures for all funds must be reflected in this section, including the purchase of capital assets and principal and interest payments on long-term debt. Financial information will not include fund equity information.

Line	Description	Total (round to nearest dollar)
2-1	Administrative	685
2-2	Salaries	
2-3	Payroll taxes	
2-4	Contract services	
2-5	Employee benefits	
2-6	Insurance	1350
2-7	Accounting and legal fees	3268
2-8	Repair and maintenance	
2-9	Supplies	
2-10	Utilities and telephone	268
2-11	Fire/Police	
2-12	Streets and highways	
2-13	Public health	
2-14	Capital outlay	
2-15	Utility operations	
2-16	Culture and recreation	
2-17	Debt service principal (should agree to Part 3, Debt Schedule Table 'Retired during year')	
2-18	Debt service interest	
2-19	Repayment of Developer Advances Principal (should agree to Part 3, Debt Schedule Table, column 'Retired during year')	
2-20	Repayment of Developer Advances Interest	
2-21	Contribution to pension plan	
2-22	Contribution to Fire & Police Pension Association	
2-23	Other (specify in lines 2-24 through 2-27)	
2-24	Additions to General Funds Reserves	2006
2-25		
2-26		
2-27		
2-28	<b>TOTAL EXPENDITURES/EXPENSES</b> (Add lines 2-1 through 2-27)	<b>7,577</b> 0

**IF TOTAL REVENUES OR TOTAL EXPENDITURES ARE GREATER THAN \$200,000 — STOP.**

You may not use this form. Please use the Application for Exemption from Audit - Long Form.

**Part 2B: Comments or Additional Information**

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Please use the space below to provide any additional information (optional):

**Part 3: Debt Outstanding, Issued, and Retired**

<b>3-1</b>	Does the entity have outstanding debt?	Yes	No
<b>3-2</b>	If no, skip to line 3-13. If yes, please attach a copy of the entity's debt repayment schedule.		
<b>3-3</b>	Is the debt repayment schedule attached?	N/A	Yes No
	If no, MUST explain below.		
<b>3-4</b>	Is the entity current in its debt service payments?	Yes	No
	If no, MUST explain below.		
<b>3-5</b>	If no, also indicate if the government is in default with its bond agreements.	Yes	No

**Debt Schedule Table**

Please complete the following debt schedule, if applicable.  
Please only include principal amounts. Enter all amounts as positive numbers.

Line	Debt Type	Outstanding at End of Prior Year*	Issued During Year	Retired During Year	Outstanding at Year-End
<b>3-6</b>	General Obligation Bonds				0
<b>3-7</b>	Revenue Bonds				0
<b>3-8</b>	Notes/Loans				0
<b>3-9</b>	Lease & SBITA** Liabilities (GASB 87 & 96)				0
<b>3-10</b>	Developer Advances				0
	Other (specify in line 3-11)				
<b>3-11</b>					0
<b>3-12</b>	<b>TOTAL</b> (Add lines 3-6 through 3-11)	0	0	0	0

\*Must agree to prior year-end balance

\*\*Subscription-Based Information Technology Arrangements

Comments (optional)

<b>3-13</b>	Does the entity have any authorized but unissued debt as of its fiscal year-end?	Yes	No
<b>3-14</b>	If yes, how much?		
<b>3-15</b>	Date the debt was authorized		
<b>3-16</b>	Is the authorized but unissued debt further limited by the entity's most recent Service Plan?	Yes	No
<b>3-17</b>	If yes, how much?		
<b>3-18</b>	Date of the most recent Service Plan		
<b>3-19</b>	Does the entity intend to issue debt within the next calendar year?	Yes	No
<b>3-20</b>	If yes, how much?		
<b>3-21</b>	Does the entity have debt that has been refinanced that it is still responsible for?	Yes	No
<b>3-22</b>	If yes, what is the amount outstanding?		
<b>3-23</b>	Does the entity have any lease agreements?	Yes	No
<b>3-24</b>	If yes, what is being leased?		
<b>3-25</b>	What is the original date of the lease?		
<b>3-26</b>	Number of years of lease?		
<b>3-27</b>	Is the lease subject to annual appropriation?	Yes	No
<b>3-28</b>	What are the annual lease payments?		

Please use the space below to provide any additional information (optional):

**Part 4: Cash and Investments**

Please provide the entity's cash deposit and investment balances.

Line	Description	Amount
4-1	Year-end Total of all Checking and Savings Accounts	13,761
4-2	Certificates of deposit	
4-3	<b>TOTAL CASH DEPOSITS</b> (Add lines 4-1 and 4-2)	13,761 0
<b>Investments</b> (specify in lines 4-4 through 4-8. If investment is a mutual fund, please list underlying investment.)		
4-4	Colostrust	51,797
4-5		
4-6		
4-7		
4-8		
4-9	<b>Total Investments</b> (Add lines 4-4 through 4-8)	51,797 0
4-10	<b>TOTAL CASH AND INVESTMENTS</b> (Add lines 4-3 and 4-9)	65,559 0

4-11	Are the entity's investments legal in accordance with Section 24-75-601, et. seq., C.R.S.?	N/A	Yes	No
4-12	Are the entity's deposits in an eligible (Public Deposit Protection Act) public depository (Section 11-10.5-101, et seq. C.R.S.)?		Yes	No
4-13	If no, MUST explain below.			

Please use the space below to provide any additional information (optional).

**Part 5: Capital and Right-to-Use Assets**

<b>5-1</b>	Does the entity have capitalized assets? (If "no" is selected, skip the rest of Part 5.)	Yes	No
<b>5-2</b>	Has the entity performed an annual inventory of capital assets in accordance with Section 29-1-506, C.R.S.?	Yes	No
<b>5-3</b>	If no, MUST explain below.		

**Capital and Right-to-Use Assets Table**

Line	Asset Type	Beginning of the Year Balance*	Additions**	Deletions	Year-End Balance
<b>5-4</b>	Land				0
<b>5-5</b>	Buildings				0
<b>5-6</b>	Machinery and Equipment				0
<b>5-7</b>	Furniture and Fixtures				0
<b>5-8</b>	Infrastructure				0
<b>5-9</b>	Construction In Progress (CIP)				0
<b>5-10</b>	Leased & SBITA Right-to-Use Assets				0
	Other (explain in line 5-11)				
<b>5-11</b>					0
<b>5-12</b>	Accumulated Depreciation/ Amortization (Enter a negative or credit balance)				0
<b>5-13</b>	<b>TOTAL</b> (Add lines 5-4 through 5-12)	0	0	0	0

\*Must agree to prior year-end balance

\*\*Generally capital asset additions should be reported as capital outlay on line 2-14 and capitalized in accordance with the government's capitalization policy. Please explain any discrepancy in the comments section below.

Please use the space below to provide any additional information (optional).

**Part 6: Pension Information**

<b>6-1</b>	Does the entity have an "old hire" firefighters' pension plan?	Yes	No
<b>6-2</b>	Does the entity have a volunteer firefighters' pension plan?	Yes	No
<b>6-3</b>	If yes, who administers the plan?		
	Indicate the contributions from the following in lines 6-4 through 6-6.		
<b>6-4</b>	Tax (property, specific ownership, sales, etc.)		
<b>6-5</b>	State contribution amount		
<b>6-6</b>	Other (gifts, donations, etc.)		
<b>6-7</b>	<b>TOTAL</b> (Add lines 6-4 through 6-6)		0
<b>6-8</b>	What is the monthly benefit paid for 20 years of service per retiree as of Jan 1?		

Please use the space below to provide any additional information (optional).

**Part 7: Budget Information**

<b>7-1</b>	Did the entity file a budget with the Department of Local Affairs for the current year in accordance with Section 29-1-113 C.R.S.?	N/A	Yes	No
<b>7-2</b>	If no, MUST explain below.			
<b>7-3</b>	Did the entity pass an appropriations resolution, in accordance with Section 29-1-108 C.R.S.?	N/A	Yes	No
<b>7-4</b>	If no, MUST explain below.			
	If yes, indicate the amount appropriated for each fund separately for the year reported in the table below.			

**Appropriation Amount by Fund Table**

Enter the fund name, then indicate the final amount appropriated for each fund for the year reported. Ensure each individual fund's final appropriated amount agrees to the adopted budget. Do not combine funds.

Line	Governmental/Proprietary Fund Name	Total
<b>7-5</b>	General Operating Funds (Checking/Savings)	7,098
<b>7-6</b>		
<b>7-7</b>		
<b>7-8</b>		
<b>7-9</b>		

Please use the space below to provide any additional information (optional).

**Part 8: Taxpayer's Bill of Rights (TABOR)**

<b>8-1</b>	Is the entity in compliance with all the provisions of TABOR (State Constitution, Article X, Section 20(5))?	Yes	No
<b>8-2</b>	If no, MUST explain below.		

Note: An election to exempt the entity from the spending limitations of TABOR does not exempt the entity from the 3 percent emergency reserve requirement. All entities should determine if they meet this requirement of TABOR.

Please use the space below to provide any additional information (optional).

**Part 9: General Information**

<b>9-1</b>	Is this application for a newly formed governmental entity?	Yes	No
<b>9-2</b>	If yes, what was the date of formation		
<b>9-3</b>	Has the entity changed its name in the past or current year?	Yes	No
<b>9-4</b>	If yes, please list the NEW name below.		
<b>9-5</b>	If yes, please list the PRIOR name below.		
<b>9-6</b>	Is the entity a metropolitan district?	Yes	No
<b>9-7</b>	Please indicate what services the entity provides below. Water and Septic		
<b>9-8</b>	Does the entity have an agreement with another government to provide services?	Yes	No
<b>9-9</b>	If yes, list the name of the other governmental entity and the services provided below. Left Hand Water District - water		
<b>9-10</b>	Has the district filed a Title 32, Article 1 Special District Notice of Inactive Status during the year? (Applicable to Title 32 special districts only, pursuant to Sections 32-1-103 (9.3) and 32-1-104 (3), C.R.S.)	Yes	No
<b>9-11</b>	If yes, what was the date filed		
<b>9-12</b>	Does the entity have a certified mill levy?	Yes	No
	If yes, please provide the following mills levied for the year reported in lines 9-13 through 9-14. (Do not report \$ amounts.)		
<b>9-13</b>	Bond redemption mills		
<b>9-14</b>	General/other mills	0.370	
<b>9-15</b>	<b>TOTAL MILLS</b> (Add lines 9-13 through 9-14)	0.370 0	
<b>9-16</b>	If the entity is a Title 32 Special District formed after 7/1/2000, has the entity filed its preceding year annual report with the State Auditor as required under SB 21-262 (Section 32-1-207 C.R.S.)?	N/A	Yes No
<b>9-17</b>	If no, please explain below.		

Please use the space below to provide any additional information (optional).

**Part 10: Governing Body Approval**

<b>10-1</b>	If you plan to submit this form electronically, have you read the Electronic Signature Policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
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**Office of the State Auditor — Local Government Division  
Exemption Form Electronic Signature Policy and Procedure**

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The Office of the State Auditor Local Government Audit Division may accept an electronic submission of an application for exemption from audit that includes governing board signatures obtained through a program such as DocuSign or Echosign. Required elements and safeguards are as follows:




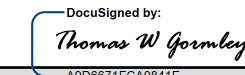
- The preparer of the application is responsible for obtaining board signatures that comply with the requirement in Section 29-1-604 (3), C.R.S., that states the application shall be personally reviewed, approved, and signed by a majority of the members of the governing body.
- The application must be accompanied by the signature history document created by the electronic signature software. The signature history document must show when the document was created and when the document was emailed to the various parties, and include the dates the individual board members signed the document. The signature history must also show the individuals' email addresses and IP address.
- Office of the State Auditor staff will not coordinate obtaining signatures.

The application for exemption from audit form created by our office includes a section for governing body approval. Local governing boards must note their approval and submit the application using one of the following two methods:

- 1) Submit the application in hard copy via U.S. Mail, including original signatures.
- 2) Submit the application electronically via email and either:
  - a. include a copy of an adopted resolution that documents formal approval by the board; or
  - b. include electronic signatures obtained through a software program such as DocuSign or Echosign, in accordance with the requirements noted above.

### Governing Body Signatures

Print or type the names of all members of current governing body below.  
A majority of the members of the governing body must sign below.

<b>Board Member 1</b>		
Board member's name	James Speed	
My term expires on	May 31, 2029	
I attest that I am a duly elected or appointed board member, and that I have personally reviewed and approved this application for exemption from audit.	Signature	Date
	 <small>Signed by: 878E99F73B894F1...</small>	1/18/2026
<b>Board Member 2</b>		
Board member's name	Matthew Clark	
My term expires on	May 31, 2027	
I attest that I am a duly elected or appointed board member, and that I have personally reviewed and approved this application for exemption from audit.	Signature	Date
	 <small>Signed by: 2596F50E328D454...</small>	1/17/2026
<b>Board Member 3</b>		
Board member's name	Yvonne Dominguez	
My term expires on	May 31, 2027	
I attest that I am a duly elected or appointed board member, and that I have personally reviewed and approved this application for exemption from audit.	Signature	Date
	 <small>Signed by: DE17F19A87BB47E...</small>	1/18/2026
<b>Board Member 4</b>		
Board member's name	Thomas Gormley	
My term expires on	May 31, 2027	
I attest that I am a duly elected or appointed board member, and that I have personally reviewed and approved this application for exemption from audit.	Signature	Date
	 <small>DocuSigned by: A9D6671FCA0841E...</small>	1/12/2026
<b>Board Member 5</b>		
Board member's name		
My term expires on		
I attest that I am a duly elected or appointed board member, and that I have personally reviewed and approved this application for exemption from audit.	Signature	Date
<b>Board Member 6</b>		
Board member's name		
My term expires on		
I attest that I am a duly elected or appointed board member, and that I have personally reviewed and approved this application for exemption from audit.	Signature	Date
<b>Board Member 7</b>		
Board member's name		
My term expires on		
I attest that I am a duly elected or appointed board member, and that I have personally reviewed and approved this application for exemption from audit.	Signature	Date

**EXAMPLE ONLY — DO NOT COMPLETE THIS PAGE**

**RESOLUTION/ORDINANCE  
FOR EXEMPTION FROM AUDIT**

(Pursuant to Section 29-1-604, C.R.S.)

A RESOLUTION/ORDINANCE APPROVING AN EXEMPTION FROM AUDIT FOR YEAR 20XX FOR THE **(name of government)** STATE OF COLORADO.

WHEREAS, the (governing body) of (name of government) wishes to claim exemption from the audit requirements of Section 29-1-603, C.R.S.; and

WHEREAS, Section 29-1-604, C.R.S., states that any local government where neither revenues nor expenditures exceed \$1,000,000 may, with the approval of the State Auditor, be exempt from the provision of Section 29-1-603, C.R.S.; and

**[Choose 1 or 2 below, whichever is applicable]**

(1) WHEREAS, neither revenues nor expenditures for (name of government) exceeded \$200,000 for Year 20XX; and

WHEREAS, an application for exemption from audit for (name of government) has been prepared by (name of individual), a person skilled in governmental accounting; and

**OR**

(2) WHEREAS, neither revenues nor expenditures for (name of government) exceeded \$1,000,000 for Year 20XX; and

WHEREAS, an application for exemption from audit for (name of government) has been prepared by (name of individual or firm), and independent accountant with knowledge of governmental accounting; and

WHEREAS, said application for exemption from audit has been completed in accordance with regulations issued by the State Auditor.

NOW THEREFORE, be it resolved/ordained by the (governing body) of the (name of government) that the application for exemption from audit for (name of government) for the year ended \_\_\_\_\_, 20XX, has been personally reviewed and is hereby approved by a majority of the (governing body) of the (name of government); that those members of the (governing body) have signified their approval by signing below; and that this resolution shall be attached to, and shall become a part of, the application for exemption from audit of the (name of government) for the year ended \_\_\_\_\_, 20XX.

ADOPTED THIS \_\_\_ day of \_\_\_\_\_, A.D. 20XX.

**EXAMPLE ONLY — DO NOT COMPLETE THIS PAGE**

\_\_\_\_\_  
Mayor/President/Chairman, etc.

ATTEST:

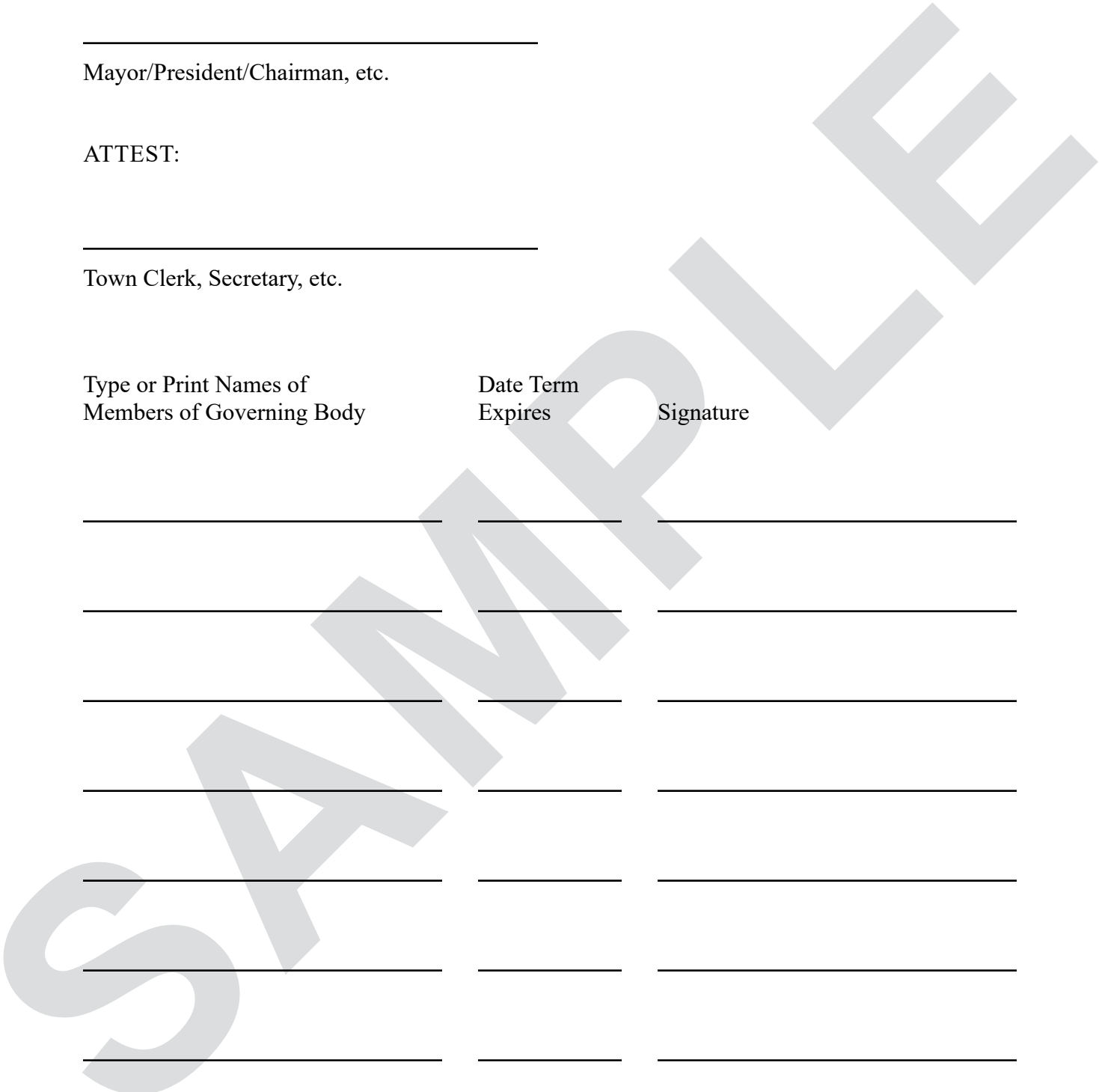
\_\_\_\_\_  
Town Clerk, Secretary, etc.

Type or Print Names of  
Members of Governing Body

Date Term  
Expires

Signature

Type or Print Names of Members of Governing Body	Date Term Expires	Signature
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____



## Certificate Of Completion

Envelope Id: C700BAB4-5456-4B32-90F1-8E60E09D2066

Status: Completed

Subject: BWSA Audit Exemption Form

Source Envelope:

Document Pages: 18

Signatures: 5

Envelope Originator:

Certificate Pages: 2

Initials: 0

Thomas W Gormley

AutoNav: Enabled

gormleys@ix.netcom.com

Envelopeld Stamping: Enabled

IP Address: 2a09:bac3:c2b2:

Time Zone: (UTC-08:00) Pacific Time (US & Canada)

## Record Tracking

Status: Original

Holder: Thomas W Gormley

Location: DocuSign

1/12/2026 3:07:10 PM

gormleys@ix.netcom.com

## Signer Events

Thomas W Gormley

gormleys@ix.netcom.com

Security Level: Email, Account Authentication  
(None)

## Signature

DocuSigned by:  
*Thomas W Gormley*  
A9D6671FCA0841E...

Signature Adoption: Pre-selected Style

Using IP Address: 2a09:bac2:c2b6:15d7::22d:133

## Timestamp

Sent: 1/12/2026 3:34:17 PM

Viewed: 1/12/2026 3:55:30 PM

Signed: 1/12/2026 3:55:43 PM

### Electronic Record and Signature Disclosure:

Not Offered via DocuSign

James Speed

jay@speedville.net

Security Level: Email, Account Authentication  
(None)

Signed by:  
*James Speed*  
878E99F73B894F1...

Signature Adoption: Drawn on Device

Using IP Address: 140.228.246.4

Signed using mobile

Sent: 1/12/2026 3:55:46 PM

Resent: 1/16/2026 10:32:04 AM

Viewed: 1/18/2026 11:11:14 AM

Signed: 1/18/2026 11:13:10 AM

### Electronic Record and Signature Disclosure:

Not Offered via DocuSign

Matthew Clark

mattclark@mei.net

Security Level: Email, Account Authentication  
(None)

Signed by:  
*Matthew Clark*  
2596F50E328D454...

Signature Adoption: Pre-selected Style

Using IP Address:

2601:280:5d01:73f0:4094:ca1e:f1df:431b

Sent: 1/12/2026 3:55:48 PM

Resent: 1/16/2026 10:32:05 AM

Viewed: 1/17/2026 12:20:36 PM

Signed: 1/17/2026 12:21:12 PM

### Electronic Record and Signature Disclosure:

Not Offered via DocuSign

Yvonne Dominguez

hike4me@comcast.net

Security Level: Email, Account Authentication  
(None)

Signed by:  
*Yvonne Dominguez*  
DE17F19A87BB47E...

Signature Adoption: Drawn on Device

Using IP Address:

2601:280:5c80:c570:b4be:4143:f48e:e193

Signed using mobile

Sent: 1/18/2026 11:13:13 AM

Viewed: 1/18/2026 11:46:00 AM

Signed: 1/18/2026 11:56:17 AM

### Electronic Record and Signature Disclosure:

Not Offered via DocuSign

## In Person Signer Events

## Signature

## Timestamp

<b>Editor Delivery Events</b>	<b>Status</b>	<b>Timestamp</b>
<b>Agent Delivery Events</b>	<b>Status</b>	<b>Timestamp</b>
<b>Intermediary Delivery Events</b>	<b>Status</b>	<b>Timestamp</b>
<b>Certified Delivery Events</b>	<b>Status</b>	<b>Timestamp</b>
<b>Carbon Copy Events</b>	<b>Status</b>	<b>Timestamp</b>
<b>Witness Events</b>	<b>Signature</b>	<b>Timestamp</b>
<b>Notary Events</b>	<b>Signature</b>	<b>Timestamp</b>
<b>Envelope Summary Events</b>	<b>Status</b>	<b>Timestamps</b>
Envelope Sent	Hashed/Encrypted	1/12/2026 3:34:17 PM
Certified Delivered	Security Checked	1/18/2026 11:46:00 AM
Signing Complete	Security Checked	1/18/2026 11:56:17 AM
Completed	Security Checked	1/18/2026 11:56:17 AM
<b>Payment Events</b>	<b>Status</b>	<b>Timestamps</b>

**RESOLUTION OF BROWNSVILLE WATER AND SANITATION DISTRICT**  
**APPROVING AN EXEMPTION FROM AUDIT FOR FISCAL YEAR 2025**

WHEREAS, Brownsville Water and Sanitation District (the "District") wishes to claim exemption from the audit requirements of §29-1-603, C.R.S.; and

WHEREAS, §29-1-604, C.R.S., states that any local government where neither revenues nor expenditures exceed one hundred thousand dollars may, with the approval of the state auditor, be exempt from the provisions of § 29-1-603, C.R.S., and

WHEREAS, neither revenues nor expenditures for the District will exceed \$100,000 for fiscal year 2025; and

WHEREAS, an application for exemption from audit for the District will be prepared by a person skilled in governmental accounting and will be completed in accordance with regulations issued by the state auditor.

NOW, THEREFORE, BE IT RESOLVED by the Board of Directors of the Brownsville Water and Sanitation District as follows:

1. The application for exemption from audit for the District for fiscal year ended December 31, 2025 will be reviewed and is hereby approved by a majority of the Board of Directors of the District.

2. The majority of the Board of Directors of the District shall signify their approval by signing the application for exemption from audit.

3. This Resolution shall be attached to, and become a part of, the application for exemption from audit of the District for the fiscal year ended December 31, 2025.

4. If any part, section, subsection, sentence, clause or phrase of this Resolution is for any reason held to be invalid, such invalidity shall not affect the validity of the remaining provisions.

5. This Resolution shall take effect and be enforced immediately upon its approval by the District Board.

ADOPTED this 4th day of December 2025.

BROWNSVILLE WATER AND  
SANITATION DISTRICT

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

President, James Speed

Attest:

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

Secretary, Thomas Gormley