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.

This document, as published by the Office of the State Auditor, meets applicable digital accessibility standards. The OSA is not responsible for the accessibility of this document if it has been modified by a third party. Any state agency, public entity, or contractor engaged by a state agency or public entity that modifies this document assumes full responsibility for ensuring it meets applicable accessibility requirements.

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

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 **Phone:** 303-869-3000

Contact Information

For the year ended 12-31-2025 or the fiscal year ended _____.

Name of government	Upper Monument Water Quality Mangment Asso.
Street address	PO Box 205
City, State, Zip	Monument CO 80132
Contact person	Mark Parker
Phone	719 481 4886
Email	Parker@msan.co

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	Mark Parker		
Title	District Manager		
Firm name (if applicable)			
Address	PO Box 205 Monument CO 80132		
Phone	719 481 4886		
Preparer signature	Mark Parker	Date prepared	9-17-2026

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)	
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	500
1-11	Fines and forfeits	
1-12	Special assessments	
1-13	Investment income	
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	**TOTAL REVENUES** (add lines 1-1 through 1-24)	

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

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	500 —
2-2	Salaries	
2-3	Payroll taxes	
2-4	Contract services	
2-5	Employee benefits	
2-6	Insurance	
2-7	Accounting and legal fees	
2-8	Repair and maintenance	
2-9	Supplies	
2-10	Utilities and telephone	
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		
2-25		
2-26		
2-27		
2-28	**TOTAL EXPENDITURES/EXPENSES** (Add lines 2-1 through 2-27)	

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

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

Part 3: Debt Outstanding, Issued, and Retired

3-1	Does the entity have outstanding debt?		○ Yes	✓ No
3-2	If no, skip to line 3-13. If yes, please attach a copy of the entity's debt repayment schedule.			
3-3	Is the debt repayment schedule attached?	✓ N/A	○ Yes	○ No
	If no, MUST explain below.			
3-4	Is the entity current in its debt service payments?		○ Yes	✓ No
	If no, MUST explain below.			
3-5	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	Oustanding at End of Prior Year*	Issued During Year	Retired During Year	Outstanding at Year-End
3-6	General Obligation Bonds				
3-7	Revenue Bonds				
3-8	Notes/Loans				
3-9	Lease & SBITA** Liabilities (GASB 87 & 96)				
3-10	Developer Advances				
	Other (specify in line 3-11)				
3-11					
3-12	**TOTAL** (Add lines 3-6 through 3-11)				

*Must agree to prior year-end balance
**Subscription-Based Information Technology Arrangements

Comments (optional)

3-13	Does the entity have any authorized but unissued debt as of its fiscal year-end?	○ Yes	✓ No
3-14	If yes, how much?		
3-15	Date the debt was authorized		
3-16	Is the authorized but unissued debt further limited by the entity's most recent Service Plan?	○ Yes	✓ No
3-17	If yes, how much?		
3-18	Date of the most recent Service Plan		
3-19	Does the entity intend to issue debt within the next calendar year?	○ Yes	✓ No
3-20	If yes, how much?		
3-21	Does the entity have debt that has been refinanced that it is still responsible for?	○ Yes	✓ No
3-22	If yes, what is the amount outstanding?		
3-23	Does the entity have any lease agreements?	○ Yes	✓ No
3-24	If yes, what is being leased?		
3-25	What is the original date of the lease?		
3-26	Number of years of lease?		
3-27	Is the lease subject to annual appropriation?	○ Yes	✓ No
3-28	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	4526.80
4-2	Certificates of deposit	
4-3	**TOTAL CASH DEPOSITS** (Add lines 4-1 and 4-2)	
	Investments (specify in lines 4-4 through 4-8. If investment is a mutual fund, please list underlying investment.)	
4-4		
4-5		
4-6		
4-7		
4-8		
4-9	**Total Investments** (Add lines 4-4 through 4-8)	
4-10	**TOTAL CASH AND INVESTMENTS** (Add lines 4-3 and 4-9)	4526.80

4-11	Are the entity's investments legal in accordance with Section 24-75-601, et. seq., C.R.S.?	X N/A	O Yes	O 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.)?		O Yes	O 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

5-1	Does the entity have capitalized assets? (If "no" is selected, skip the rest of Part 5.)	○ Yes	⊗ No
5-2	Has the entity performed an annual inventory of capital assets in accordance with Section 29-1-506, C.R.S.?	○ Yes	⊗ No
5-3	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
5-4	Land				
5-5	Buildings				
5-6	Machinery and Equipment				
5-7	Furniture and Fixtures				
5-8	Infrastructure				
5-9	Construction In Progress (CIP)				
5-10	Leased & SBITA Right-to-Use Assets				
	Other (explain in line 5-11)				
5-11					
5-12	Accumulated Depreciation/ Amortization (Enter a negative or credit balance)				
5-13	**TOTAL** (Add lines 5-4 through 5-12)				

*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

6-1	Does the entity have an "old hire" firefighters' pension plan?	○ Yes	☒ No
6-2	Does the entity have a volunteer firefighters' pension plan?	○ Yes	☒ No
6-3	If yes, who administers the plan?		
	Indicate the contributions from the following in lines 6-4 through 6-6.		
6-4	Tax (property, specific ownership, sales, etc.)		
6-5	State contribution amount		
6-6	Other (gifts, donations, etc.)		
6-7	**TOTAL** (Add lines 6-4 through 6-6)		
6-8	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

7-1	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
7-2	If no, MUST explain below.			
7-3	Did the entity pass an appropriations resolution, in accordance with Section 29-1-108 C.R.S.?	⊘ N/A	○ Yes	○ No
7-4	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
7-5		
7-6		
7-7		
7-8		
7-9		

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

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

8-1	Is the entity in compliance with all the provisions of TABOR (State Constitution, Article X, Section 20(5))?	(X) Yes	( ) No
8-2	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 10: Governing Body Approval

10-1	If you plan to submit this form electronically, have you read the Electronic Signature Policy?	○ Yes	○ No

Office of the State Auditor — Local Government Division
Exemption Form Electronic Signature Policy and Procedure

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.

Part 9: General Information

9-1	Is this application for a newly formed governmental entity?	○ Yes	⊗ No
9-2	If yes, what was the date of formation		
9-3	Has the entity changed its name in the past or current year?	○ Yes	⊗ No
9-4	If yes, please list the NEW name below.		
9-5	If yes, please list the PRIOR name below.		
9-6	Is the entity a metropolitan district?	○ Yes	⊗ No
9-7	Please indicate what services the entity provides below.		
9-8	Does the entity have an agreement with another government to provide services?	○ Yes	⊗ No
9-9	If yes, list the name of the other governmental entity and the services provided below.		
9-10	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
9-11	If yes, what was the date filed		
9-12	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.)		
9-13	Bond redemption mills		
9-14	General/other mills		
9-15	**TOTAL MILLS** (Add lines 9-13 through 9-14)		

9-16	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
9-17	If no, please explain below.			

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

RESOLUTION/ORDINANCE FOR EXEMPTION FROM AUDIT

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

A RESOLUTION/ORDINANCE APPROVING AN EXEMPTION FROM AUDIT FOR FISCAL YEAR 2025 FOR THE **Upper Monument Water Quality Association**, STATE OF COLORADO.

WHEREAS, the **Board** of **Upper Monument Water Quality Association** wishes to claim exemption from the audit requirements of Section 29-1-603, C.R.S.; and

WHEREAS, neither revenue nor expenditures for **Upper Monument Water Quality Association** exceeded $100,000 for Fiscal Year 2025; and

WHEREAS an application for exemption from audit for **Upper Monument Water Quality Association** has been prepared by **Mark D. Parker, District Manager, Monument Sanitation District**, a person skilled in governmental accounting; and

WHEREAS an application for exemption from audit for **Upper Monument Water Quality Association** has been prepared by **Mark D. Parker, District Manager, Monument Sanitation District,** an 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 **Board** of the **Upper Monument Water Quality Association)** that the application for exemption from audit for **Upper Monument Water Quality Association** for the Fiscal Year ended December 2025, has been personally reviewed and is hereby approved by a majority of the **Board** of the **Upper Monument Water Quality Association**; that those members of the **Board** 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 **Upper Monument Water Quality Association** for the fiscal year ended December 2025.

ADOPTED THIS 15th day of September, A.D. 2026.

Signed: _____ Attest: _____

Member: Becky Orcutt, _____

Member: William Burks, _____

Member: _____

Member: _____

Member: _____

Print the names of ALL members of current governing body below.		A MAJORITY of the members of the governing body must sign below.
Board Member 1	Print Board Member's Name	I Mark D. Parker, attest I am a duly elected or appointed board member, and that I have personally reviewed and approve this application for exemption from audit. Signed Mark D Parker Date: 9-17-2026
Board Member 2	Print Board Member's Name	I Becky Orcutt, attest I am a duly elected or appointed board member, and that I have personally reviewed and approve this application for exemption from audit. Signed Becky Orcutt Date: 9-17-2026
Board Member 3	Print Board Member's Name	I William Burks, attest I am a duly elected or appointed board member, and that I have personally reviewed and approve this application for exemption from audit. Signed William Burks Date: 9-28-26
Board Member 4	Print Board Member's Name	I Jim Kendrick, attest I am a duly elected or appointed board member, and that I have personally reviewed and approve this application for exemption from audit. Signed_____ Date:_____
Board Member 5	Print Board Member's Name	I _____, attest I am a duly elected or appointed board member, and that I have personally reviewed and approve this application for exemption from audit. Signed_____ Date:_____ My term Expires:_____
Board Member 6	Print Board Member's Name	I _____, attest I am a duly elected or appointed board member, and that I have personally reviewed and approve this application for exemption from audit. Signed_____ Date:_____ My term Expires:_____
Board Member 7	Print Board Member's Name	I _____, attest I am a duly elected or appointed board member, and that I have personally reviewed and approve this application for exemption from audit. Signed_____ Date:_____ My term Expires:_____

EXAMPLE - DO NOT FILL OUT THIS PAGE

This sample resolution/ordinance for exemption from audit is provided as an example of the documentation that is required. The wording may be used as a basis for your own local government document, if needed; however you MUST draft your own ordinance or resolution making any changes where applicable. Legal counsel should be consulted regarding any questions.

RESOLUTION/ORDINANCE FOR EXEMPTION FROM AUDIT

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

A RESOLUTION/ORDINANCE APPROVING AN EXEMPTION FROM AUDIT FOR FISCAL YEAR 2024 FOR THE **Upper Monument Water Quality Association**, STATE OF COLORADO.

WHEREAS, the **Board** of **Upper Monument Water Quality Association** wishes to claim exemption from the audit requirements of Section 29-1-603, C.R.S.; and

WHEREAS, neither revenue nor expenditures for **Upper Monument Water Quality Association** exceeded $100,000 for Fiscal Year 2024; and

WHEREAS an application for exemption from audit for **Upper Monument Water Quality Association** has been prepared by **Mark D. Parker, District Manager, Monument Sanitation District**, a person skilled in governmental accounting; and

WHEREAS an application for exemption from audit for **Upper Monument Water Quality Association** has been prepared by **Mark D. Parker, District Manager, Monument Sanitation District**, an 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 **Board** of the **Upper Monument Water Quality Association)** that the application for exemption from audit for **Upper Monument Water Quality Association** for the Fiscal Year ended December 2024, has been personally reviewed and is hereby approved by a majority of the **Board** of the **Upper Monument Water Quality Association**; that those members of the **Board** 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 **Upper Monument Water Quality Association** for the fiscal year ended December 2024.

ADOPTED THIS 6th day of October, A.D. ~~2025~~ 2026 mp

Signed: Mark D Park Attest: _____

Member: Becky Orcutt, _____

Member: William Burks, _____

Member: Daniel J Kubik

Member: _____

Community Banks of Colorado
A division of NBH Bank, Member FDIC
PO Box 26368, Kansas City, MO 64196-6368
cobnks.com • 877.877.0395
Return Service Requested

Last statement: September 30, 2025
This statement: December 31, 2025
Total days in statement period: 92

UPPER MONUMENT WATER QUALITY MGMT ASSN
IN CARE OF MONUMENT SANITATION DISTRICT
PO BOX 205
MONUMENT CO 80132-0205

XXXXXX6309
(0)

PRIVACY NOTICE -- FEDERAL LAW REQUIRES US TO TELL YOU HOW WE COLLECT, SHARE AND PROTECT YOUR PERSONAL INFORMATION. YOU MAY REVIEW OUR POLICY AND PRACTICES WITH RESPECT TO YOUR PERSONAL INFORMATION AT NBHBANK.COM/PRIVACY-NOTICE. WE WILL MAIL YOU A FREE COPY UPON REQUEST IF YOU CALL US AT THE NUMBER ABOVE.

Public Funds Savings

Account number	XXXXXX6309
Low balance	$4,487.08
Average balance	$4,487.08
Avg collected balance	$4,487
Interest paid year to date	$4.49

DAILY ACTIVITY

Date		Description	Additions	Subtractions	Balance
09-30		Beginning balance			$4,486.33
10-31	'	Interest Credit	.38		4,486.71
11-30	'	Interest Credit	.37		4,487.08
12-31	'	Interest Credit	.38		4,487.46
12-31		Ending totals	1.13	.00	$4,487.46

INTEREST INFORMATION

Annual percentage yield earned	0.10%
Interest-bearing days	92
Average balance for APY	$4,486.71
Interest earned	$1.13

Member FDIC

OVERDRAFT/RETURN ITEM FEES

	Total for this period	Total year-to-date
Total Overdraft Fees	$0.00	$0.00
Total Returned Item Fees	$0.00	$0.00

THIS FORM IS PROVIDED TO HELP YOU BALANCE YOUR STATEMENT

CHECKS OUTSTANDING–NOT CHARGED TO ACCOUNT

NO.	$	
TOTAL	$	

BEFORE YOU START –

PLEASE BE SURE YOU HAVE ENTERED IN YOUR REGISTER ALL AUTOMATIC TRANSACTIONS SHOWN ON THE FRONT OF YOUR STATEMENT.

YOU SHOULD HAVE ADDED IF ANY OCCURRED:

1. Loan advances.
2. Credit memos.
3. Other automatic deposits.

YOU SHOULD HAVE SUBTRACTED IF ANY OCCURRED:

1. Automatic loan payments.
2. Automatic savings transfers.
3. Service charges.
4. Debit memos.
5. Other automatic deductions and payments.

BALANCE SHOWN ON THIS STATEMENT $ _____

ADD +

DEPOSITS NOT CREDITED IN THIS STATEMENT *(IF ANY)* $ _____

_____

_____

TOTAL $ _____

SUBTRACT –

CHECKS OUTSTANDING $ _____

BALANCE $ _____

SHOULD AGREE WITH YOUR CHECK BOOK BALANCE AFTER DEDUCTING SERVICE CHARGE (IF ANY) SHOWN ON THIS STATEMENT.

ELECTRONIC TRANSFERS

Please examine immediately and report if incorrect. If no reply is received within **30** days the account will be considered correct. You have **60** days to question electronic transfers.

In Case of Errors Or Questions About Your Electronic Transfers TELEPHONE OR WRITE US AT THE TELEPHONE NUMBER OR ADDRESS LOCATED ON THE FRONT OF THIS STATEMENT as soon as you can. If you think your statement or receipt is wrong or if you need more information about a transfer on the statement or receipt, we must hear from you no later than 60 days after we sent you the FIRST statement on which the error or problem appeared.

(1) Tell us your name and account number.

(2) Describe the error or the transfer you are unsure about and explain as clearly as you can why you believe there is an error or why you need more information.

(3) Tell us the dollar amount of the suspected error.

We will investigate your complaint and will correct any error promptly. If we take more than 10 business days to do this, we may recredit your account for the amount you think is in error, so that you will have use of the money during the time it takes us to complete our investigation.

Community Banks of Colorado
A division of NBH Bank, Member FDIC
PO Box 26368, Kansas City, MO 64196-6368
cobnks.com • 877.877.0395
Return Service Requested

Last statement: November 30, 2025
This statement: December 31, 2025
Total days in statement period: 31

UPPER MONUMENT WATER QUALITY MGMT ASSN
IN CARE OF MONUMENT SANITATION DISTRICT
PO BOX 205
MONUMENT CO 80132-0205

XXXXXX7824
(0)

PRIVACY NOTICE -- FEDERAL LAW REQUIRES US TO TELL YOU HOW WE COLLECT, SHARE AND PROTECT YOUR PERSONAL INFORMATION. YOU MAY REVIEW OUR POLICY AND PRACTICES WITH RESPECT TO YOUR PERSONAL INFORMATION AT NBHBANK.COM/PRIVACY-NOTICE. WE WILL MAIL YOU A FREE COPY UPON REQUEST IF YOU CALL US AT THE NUMBER ABOVE.

Public Funds Checking

Account number	XXXXXX7824
Low balance	$39.34
Average balance	$39.34
Avg collected balance	$39

DAILY ACTIVITY

Date	Description	Additions	Subtractions	Balance
11-30	Beginning balance			$39.34
12-31	**Ending totals**	**.00**	**.00**	**$39.34**

**** No activity this statement period ****

OVERDRAFT/RETURN ITEM FEES

	Total for this period	Total year-to-date
Total Overdraft Fees	$0.00	$0.00
Total Returned Item Fees	$0.00	$0.00

Thank you for banking with Community Banks Of Colorado

Member FDIC

THIS FORM IS PROVIDED TO HELP YOU BALANCE YOUR STATEMENT

CHECKS OUTSTANDING–NOT CHARGED TO ACCOUNT

NO.	$	
TOTAL	$	

BEFORE YOU START –

PLEASE BE SURE YOU HAVE ENTERED IN YOUR REGISTER ALL AUTOMATIC TRANSACTIONS SHOWN ON THE FRONT OF YOUR STATEMENT.

YOU SHOULD HAVE ADDED IF ANY OCCURRED:

1. Loan advances.
2. Credit memos.
3. Other automatic deposits.

YOU SHOULD HAVE SUBTRACTED IF ANY OCCURRED:

1. Automatic loan payments.
2. Automatic savings transfers.
3. Service charges.
4. Debit memos.
5. Other automatic deductions and payments.

BALANCE SHOWN ON THIS STATEMENT $ _____

ADD +

DEPOSITS NOT CREDITED IN THIS STATEMENT *(IF ANY)* $ _____

_____

_____

TOTAL $ _____

SUBTRACT –

CHECKS OUTSTANDING $ _____

BALANCE $ _____

SHOULD AGREE WITH YOUR CHECK BOOK BALANCE AFTER DEDUCTING SERVICE CHARGE (IF ANY) SHOWN ON THIS STATEMENT.

ELECTRONIC TRANSFERS

Please examine immediately and report if incorrect. If no reply is received within **30** days the account will be considered correct. You have **60** days to question electronic transfers.

In Case of Errors Or Questions About Your Electronic Transfers TELEPHONE OR WRITE US AT THE TELEPHONE NUMBER OR ADDRESS LOCATED ON THE FRONT OF THIS STATEMENT as soon as you can. If you think your statement or receipt is wrong or if you need more information about a transfer on the statement or receipt, we must hear from you no later than 60 days after we sent you the FIRST statement on which the error or problem appeared.

(1) Tell us your name and account number.

(2) Describe the error or the transfer you are unsure about and explain as clearly as you can why you believe there is an error or why you need more information.

(3) Tell us the dollar amount of the suspected error.

We will investigate your complaint and will correct any error promptly. If we take more than 10 business days to do this, we may recredit your account for the amount you think is in error, so that you will have use of the money during the time it takes us to complete our investigation.