

BOARD OF DIRECTOR
OATH OF OFFICE

32-1-901, C.R.S., and
Colorado Constitution Article 12, §9

STATE OF COLORADO

Jefferson
COUNTY

Leyden Water DISTRICT

I, Hal Bence, will faithfully support the Constitution of the United States and of the State of Colorado, and the laws made pursuant thereto, and will faithfully perform the duties of the office of Director of Leyden Water District, upon which I am about to enter.
(name of special district)

[Signature]
(signature of oath taker)

Subscribed and sworn to before me this 6th day of May, 2010.

By: [Signature]
(Person authorized to administer oaths, i.e. County Clerk and Recorder, Clerk of the Court, Chairman of the Board of Directors, or any other person authorized to administer oaths)

IF SWORN OR AFFIRMED BEFORE A NOTARY THE FOLLOWING SHOULD BE COMPLETED.

STATE OF COLORADO)
COUNTY OF _____) ss.

Subscribed and sworn to before me this _____ day of _____, 20_____.

(notary commission expiration)

(notary signature)

SEAL

PROCEDURAL INSTRUCTIONS: The oath must be taken within 30 days after the election or appointment to fill a vacancy. A copy of the executed oath must be filed with the Clerk of the Court, the Clerk and Recorder of every county in which the district extends and with the Division of Local Government. If this is the oath of an appointed director, inform the Division which director was replaced.

6-1-10
pd.
100.00



Allied
Insurance

a Nationwide* company
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00087
HOLLIWAY INSURANCE AGENCY, INC
PO BOX 250
ARVADA, CO 80001-0250

Your Account Bill

To Pay in Full	\$100.00
Minimum Amount Due	\$100.00
Date Due	July 7, 2010
Your Account Number	908718490
Surety Bond	BD 0000231664

For Questions Contact:

Billing, Claims or Policy **866.387.0457**
Access your account online at www.alliedinsurance.com

Thanks for your business. If required, a renewal bond or certificate will be sent upon receipt of payment. Please allow 10 days for processing.

LEYDEN WATER DISTRICT
8183 3RD AVE.
ARVADA CO 80002

Account Summary Details of your account begin on page 3.

Previous Account Balance		\$0.00
Last Payment		0.00
► Policy Renewal	See Account Details	100.00
Current Account Balance		\$100.00
Minimum Amount Due		\$100.00

95528000087015



▼ Please detach and mail this slip with your payment

For **Billing Terms and Conditions**, and
Ways to Pay ►



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Your Account Details

Your Account Number **908718490**

Surety Bond

Policy Number: **BD 0000231664**
 Obligee: SAME AS PRINCIPAL
 Description: POSITION SCHEDULE PUBLIC OFFICAL BOND
 Insuring Company: Nationwide Mutual Insurance Company
 Policy Period: 07/07/10 - 07/07/11

Policy Activity

	Previous Policy Balance	0.00
	Amount of last payment applied	0.00
05/10/10	▶ RENEWAL	100.00
05/10/10	▶ RENEWAL	0.00
	Current Policy Balance	\$100.00
	Minimum Amount Due for this POLICY	\$100.00
	Minimum amount due for this ACCOUNT	\$100.00

See your Policy Declarations for your coverage details.

95528000087022

