

**SELF-NOMINATION AND ACCEPTANCE FOR MAY 6, 2025 REGULAR ELECTION  
FOR ROXBOROUGH WATER AND SANITATION DISTRICT**

§§ 1-13.5-301; 1-13.5-303; 1-45-109(1); 1-45-110(1); 1-5-203(3); 1-4-912; 32-1-305.5(4), C.R.S.; SOS CPF RULE 16

I, \_\_\_\_\_, who reside at:  
(full name of candidate as the name will appear on the ballot)

\_\_\_\_\_  
Residence Street Address

\_\_\_\_\_  
City or Town, Zip Code

\_\_\_\_\_  
County

hereby nominate myself and accept such nomination for the office of Director of the **Roxborough Water and Sanitation District**, Douglas and Jefferson Counties, Colorado, for a **4-year term until the regular election in May 2029** and will serve if elected at the regular election to be conducted on May 6, 2025.

I affirm that I am an eligible elector of the **Roxborough Water and Sanitation District** at the date of signing this Self-Nomination and Acceptance form.

Mark here \_\_\_\_\_ if you are a member of an Executive Board of a unit owners association (homeowners association), as defined in Section 38-33.3-103, C.R.S., located within the boundaries of the District (or Director District, if applicable) for which you are running for office.

I further affirm that I am familiar with the provisions of the Fair Campaign Practices Act as required in Section 1-45-110, C.R.S., and I will not, in my campaign for this office, receive contributions or make expenditures exceeding two hundred dollars (\$200) in the aggregate during the election cycle, however, if I do so, I will thereafter register and file all disclosure reports required under the Fair Campaign Practices Act.

DATED this \_\_\_\_\_ day of \_\_\_\_\_, 2025.

\_\_\_\_\_  
Signature of Candidate

\_\_\_\_\_  
Printed Full Name

\_\_\_\_\_  
Mailing Address (if different)

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
City or Town, Zip Code

\_\_\_\_\_  
Email Address

WITNESSED by the following **registered elector of the State**:

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Printed Full Name

\_\_\_\_\_  
Residence Street Address

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
City or Town, Zip Code

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
County

Received this \_\_\_\_\_ day of \_\_\_\_\_, 2025.

\_\_\_\_\_  
Designated Election Official