

**Applicant Signature Required**

I, the applicant, affirm that this application includes all the required materials to be deemed complete. I understand that if this application or any of the submittal items are incomplete or found to be insufficient, this application will be returned and not processed any further. In submitting this application, I affirm that all information contained within is true and correct. I also understand that all information provided in connection with this application is subject to public disclosure pursuant the Colorado Open Records Act.

Joanna Riley 4/16/2025

Name & Date

Joanna Riley

Signature