



**CHARTER SCHOOL
 DESIGNATED AGENT INFORMATION**
 C.R.S. § 24-32-116

Date		LGID	
------	--	----------------------	--

Local Government Information¹	Official Name				
	Charter School Type	Choose an item.			
	Principal Address				
	Mailing Address (if not same as above)				
	City		State		Zip
	URL				

Designated Agent²	Agent Name				
	Agent Title				
	Agent Mailing Address (if not same as above)				
	Agent Alt. Address				
	City		State		Zip

I hereby certify the contact information provided in this filing is true and accurate for purposes of compliance with the requirements of 24-32-116 C.R.S.

X

 Authorized Signatory

Title: _____

DATE: _____

¹ Charter schools for purposes of this form are described in C.R.S. to 22-30.5-104.9 and 24-32-116, C.R.S.

² Person designated may be required to receive a filing of a notice of claim pursuant to 24-10-109 (3) C.R.S.

