

APPLICATION FOR EXEMPTION FROM AUDIT

LONG FORM

NAME OF GOVERNMENT ADDRESS	Indian Hills Fire Protection District 4476 Paramlee Gulch
CONTACT PERSON	Indian Hills, Co 80454
PHONE	Anita Fritz 303/697-4566
EMAIL	officemanager@ihfr.org
FAX	

For the Year Ended
12/31/2020
or fiscal year ended:

CERTIFICATION OF PREPARER

I certify that I am an independent accountant with knowledge of governmental accounting and that the information in the Application is complete and accurate to the best of my knowledge. I am aware that the Audit Law requires that a person independent of the entity complete the application if revenues or expenditure are at least \$100,000 but not more than \$750,000, and that independent means someone who is separate from the entity.

NAME:	Gregory Viergutz, CPA
TITLE	Shareholder
FIRM NAME (if applicable)	Marc, James and Associates, PC
ADDRESS	1745 Shea Center Drive, Suite 400; Highlands Ranch, CO 80129
PHONE	720/344-4938
DATE PREPARED	3/16/2021
RELATIONSHIP TO ENTITY	Independent Certified Public Accountants

PREPARER (SIGNATURE REQUIRED)

Has the entity filed for, or 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	
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If Yes, date filed:

PART 1 - FINANCIAL STATEMENTS - BALANCE SHEET

* Indicate Name of Fund
NOTE: Attach additional sheets as necessary.

Line #	Description	Governmental Funds		Proprietary/Fiduciary Funds	
		General	Fund*	Fund*	Fund*
Assets					
1-1	Cash & Cash Equivalents	\$ 115,789	\$ -	\$ -	\$ -
1-2	Investments	\$ 676,724	\$ -	\$ -	\$ -
1-3	Receivables	\$ 47,390	\$ -	\$ -	\$ -
1-4	Due from Other Entities or Funds	\$ -	\$ -	\$ -	\$ -
	All Other Assets (specify...)	\$ -	\$ -	\$ -	\$ -
1-5	Property taxes receivable	\$ 361,791	\$ -	\$ -	\$ -
1-6		\$ -	\$ -	\$ -	\$ -
1-7		\$ -	\$ -	\$ -	\$ -
1-8		\$ -	\$ -	\$ -	\$ -
1-9		\$ -	\$ -	\$ -	\$ -
1-10		\$ -	\$ -	\$ -	\$ -
1-11	(add lines 1-1 through 1-10)	\$ 1,201,674	\$ -	\$ -	\$ -
1-12	TOTAL DEFERRED OUTFLOWS OF RESOURCES	\$ -	\$ -	\$ -	\$ -
1-13	TOTAL ASSETS AND DEFERRED OUTFLOWS	\$ 1,201,674	\$ -	\$ -	\$ -
Liabilities					
1-14	Accounts Payable	\$ 36,944	\$ -	\$ -	\$ -
1-15	Accrued Payroll and Related Liabilities	\$ 2,839	\$ -	\$ -	\$ -
1-16	Accrued Interest Payable	\$ -	\$ -	\$ -	\$ -
1-17	Due to Other Entities or Funds	\$ -	\$ -	\$ -	\$ -
1-18	All Other Current Liabilities	\$ -	\$ -	\$ -	\$ -
1-19	TOTAL CURRENT LIABILITIES	\$ 41,783	\$ -	\$ -	\$ -
1-20	All Other Liabilities (specify...)	\$ -	\$ -	\$ -	\$ -
1-21		\$ -	\$ -	\$ -	\$ -
1-22		\$ -	\$ -	\$ -	\$ -
1-23		\$ -	\$ -	\$ -	\$ -
1-24		\$ -	\$ -	\$ -	\$ -
1-25		\$ -	\$ -	\$ -	\$ -
1-26		\$ -	\$ -	\$ -	\$ -
1-27		\$ -	\$ -	\$ -	\$ -
1-28	(add lines 1-19 through 1-27)	\$ 41,783	\$ -	\$ -	\$ -
1-29	TOTAL DEFERRED INFLOWS OF RESOURCES	\$ 361,791	\$ -	\$ -	\$ -
Fund Balance					
1-30	Nonspendable Prepaid	\$ -	\$ -	\$ -	\$ -
1-31	Nonspendable Inventory	\$ -	\$ -	\$ -	\$ -
1-32	Restricted (specify...)	\$ 6,700	\$ -	\$ -	\$ -
1-33	Committed (specify...)	\$ -	\$ -	\$ -	\$ -
1-34	Assigned (specify...)	\$ -	\$ -	\$ -	\$ -
1-35	Unassigned:	\$ 791,400	\$ -	\$ -	\$ -
1-36	(add lines 1-30 through 1-35)	\$ 798,100	\$ -	\$ -	\$ -
1-37	TOTAL FUND BALANCE	\$ 798,100	\$ -	\$ -	\$ -
Net Position					
	Net Investment in Capital Assets	\$ -	\$ -	\$ -	\$ -
	Emergency Reserves	\$ -	\$ -	\$ -	\$ -
	Other Designations/Reserves	\$ -	\$ -	\$ -	\$ -
	Restricted	\$ -	\$ -	\$ -	\$ -
	Undesignated/Unreserved/Unrestricted	\$ 791,400	\$ -	\$ -	\$ -
	(add lines 1-30 through 1-35)	\$ 791,400	\$ -	\$ -	\$ -
	TOTAL NET POSITION	\$ 791,400	\$ -	\$ -	\$ -
TOTAL LIABILITIES, DEFERRED INFLOWS, AND NET POSITION					
	(add lines 1-28, 1-29 and 1-36)	\$ 1,201,674	\$ -	\$ -	\$ -
	TOTAL LIABILITIES, DEFERRED INFLOWS, AND NET POSITION	\$ 1,201,674	\$ -	\$ -	\$ -

Please use this space to provide explanation of any items on this page

PART 2 - FINANCIAL STATEMENTS - OPERATING STATEMENT - REVENUES

Line #	Description	Governmental Funds		Proprietary/Fiduciary Funds		Please use this space to provide explanation of any items on this page.
		General	Fund*	Fund*	Fund*	
2-1	Tax Revenue					
2-2	Property (include mills levied in Question 10-9)	\$ 386,210	\$ -	\$ -	\$ -	
2-3	Specific Ownership	\$ 27,468	\$ -	\$ -	\$ -	
2-4	Sales and Use Tax	\$ -	\$ -	\$ -	\$ -	
2-5	Other Tax Revenue (specify...):	\$ -	\$ -	\$ -	\$ -	
2-6		\$ -	\$ -	\$ -	\$ -	
2-7		\$ -	\$ -	\$ -	\$ -	
2-8	Add lines 2-1 through 2-7	\$ 393,678	\$ -	\$ -	\$ -	
2-9	TOTAL TAX REVENUE	\$ 393,678	\$ -	\$ -	\$ -	
2-10	Licenses and Permits	\$ -	\$ -	\$ -	\$ -	
2-11	Highway Users Tax Funds (HURF)	\$ -	\$ -	\$ -	\$ -	
2-12	Conservation Trust Funds (Lottery)	\$ -	\$ -	\$ -	\$ -	
2-13	Community Development Block Grant	\$ -	\$ -	\$ -	\$ -	
2-14	Fire & Police Pension	\$ -	\$ -	\$ -	\$ -	
2-15	Grants	\$ 165,325	\$ -	\$ -	\$ -	
2-16	Donations	\$ -	\$ -	\$ -	\$ -	
2-17	Charges for Sales and Services	\$ 59,372	\$ -	\$ -	\$ -	
2-18	Rental Income	\$ -	\$ -	\$ -	\$ -	
2-19	Fines and Forfeits	\$ -	\$ -	\$ -	\$ -	
2-20	Interest/Investment Income	\$ 5,359	\$ -	\$ -	\$ -	
2-21	Tap Fees	\$ -	\$ -	\$ -	\$ -	
2-22	Proceeds from Sale of Capital Assets	\$ -	\$ -	\$ -	\$ -	
2-23	All Other (specify...): Miscellaneous	\$ 1,112	\$ -	\$ -	\$ -	
2-24	Add lines 2-8 through 2-23	\$ 624,846	\$ -	\$ -	\$ -	
	TOTAL REVENUES	\$ 624,846	\$ -	\$ -	\$ -	
Other Financing Sources						
2-25	Debt Proceeds	\$ -	\$ -	\$ -	\$ -	
2-26	Developer Advances	\$ -	\$ -	\$ -	\$ -	
2-27	Other (specify...):	\$ -	\$ -	\$ -	\$ -	
2-28	Add lines 2-25 through 2-27	\$ -	\$ -	\$ -	\$ -	
2-29	TOTAL OTHER FINANCING SOURCES	\$ -	\$ -	\$ -	\$ -	
	TOTAL REVENUES AND OTHER FINANCING SOURCES	\$ 624,846	\$ -	\$ -	\$ -	
<p>IF GRAND TOTAL REVENUES AND OTHER FINANCING SOURCES for all funds (Line 2-29) are GREATER than \$750,000 - STOP. You may not use this form. An audit may be required. See Section 29-1-604, C.R.S., or contact the OSA Local Government Division at (303) 869-3000 for assistance.</p>						
		GRAND TOTALS				\$ 624,846

PART 3 - FINANCIAL STATEMENTS - OPERATING STATEMENT - EXPENDITURES/EXPENSES

Line #	Description	Governmental Funds		Proprietary/Fiduciary Funds	
		General	Fund*	Fund*	Fund*
Expenditures					
3-1	General Government	\$ 168,902	\$ -	\$ -	\$ -
3-2	Judicial	\$ -	\$ -	\$ -	\$ -
3-3	Law Enforcement	\$ -	\$ -	\$ -	\$ -
3-4	Fire	\$ 48,654	\$ -	\$ -	\$ -
3-5	Highways & Streets	\$ -	\$ -	\$ -	\$ -
3-6	Solid Waste	\$ -	\$ -	\$ -	\$ -
3-7	Contributions to Fire & Police Pension Assoc.	\$ 15,053	\$ -	\$ -	\$ -
3-8	Health	\$ 6,408	\$ -	\$ -	\$ -
3-9	Culture and Recreation	\$ -	\$ -	\$ -	\$ -
3-10	Transfers to other districts	\$ -	\$ -	\$ -	\$ -
3-11	Other [specify...]	\$ -	\$ -	\$ -	\$ -
3-12		\$ -	\$ -	\$ -	\$ -
3-13		\$ -	\$ -	\$ -	\$ -
3-14		\$ 348,644	\$ -	\$ -	\$ -
Capital Outlay					
3-15	Debt Service	\$ -	\$ -	\$ -	\$ -
3-16	Principal	\$ -	\$ -	\$ -	\$ -
3-17	Interest	\$ -	\$ -	\$ -	\$ -
3-18	Bond Issuance Costs	\$ -	\$ -	\$ -	\$ -
3-19	Developer Principal Repayments	\$ -	\$ -	\$ -	\$ -
3-20	Developer Interest Repayments	\$ -	\$ -	\$ -	\$ -
3-21	All Other [specify...]	\$ -	\$ -	\$ -	\$ -
3-22		\$ -	\$ -	\$ -	\$ -
Grand Total		\$ 586,661	\$ -	\$ -	\$ -
Expenses					
General Operating & Administrative					
	Salaries	\$ -	\$ -	\$ -	\$ -
	Payroll Taxes	\$ -	\$ -	\$ -	\$ -
	Contract Services	\$ -	\$ -	\$ -	\$ -
	Employee Benefits	\$ -	\$ -	\$ -	\$ -
	Insurance	\$ -	\$ -	\$ -	\$ -
	Accounting and Legal Fees	\$ -	\$ -	\$ -	\$ -
	Repair and Maintenance	\$ -	\$ -	\$ -	\$ -
	Supplies	\$ -	\$ -	\$ -	\$ -
	Utilities	\$ -	\$ -	\$ -	\$ -
	Contributions to Fire & Police Pension Assoc.	\$ -	\$ -	\$ -	\$ -
	Other [specify...]	\$ -	\$ -	\$ -	\$ -
Capital Outlay					
	Debt Service	\$ -	\$ -	\$ -	\$ -
	Principal	\$ -	\$ -	\$ -	\$ -
	Interest	\$ -	\$ -	\$ -	\$ -
	Bond Issuance Costs	\$ -	\$ -	\$ -	\$ -
	Developer Principal Repayments	\$ -	\$ -	\$ -	\$ -
	Developer Interest Repayments	\$ -	\$ -	\$ -	\$ -
	All Other [specify...]	\$ -	\$ -	\$ -	\$ -
Grand Total		\$ 586,661	\$ -	\$ -	\$ -
Reconciling Items					
3-23	Interfund Transfers (in)	\$ -	\$ -	\$ -	\$ -
3-24	Interfund Transfers out	\$ -	\$ -	\$ -	\$ -
3-25	Other Expenditures (Revenues):	\$ -	\$ -	\$ -	\$ -
3-26	Other Financing Sources (Uses)	\$ -	\$ -	\$ -	\$ -
3-27	Capital Outlay	\$ -	\$ -	\$ -	\$ -
3-28	Debt Principal	\$ -	\$ -	\$ -	\$ -
3-29		\$ -	\$ -	\$ -	\$ -
Grand Total		\$ -	\$ -	\$ -	\$ -
3-30	Excess (Deficiency) of Revenues and Other Financing Sources Over (Under) Expenditures	\$ 38,185	\$ -	\$ -	\$ -
3-31	Fund Balance, January 1 from December 31 prior year report	\$ 759,915	\$ -	\$ -	\$ -
3-32	Prior Period Adjustment (MUST explain)	\$ -	\$ -	\$ -	\$ -
3-33	Fund Balance, December 31	\$ -	\$ -	\$ -	\$ -
Grand Total		\$ 798,100	\$ -	\$ -	\$ -

IF GRAND TOTAL EXPENDITURES for all funds (Line 3-22) are GREATER than \$750,000 - STOP. You may not use this form. An audit may be required. See Section 29-1-604, C.R.S., or contact the OSA Local Government Division at (303) 869-3000 for assistance.

Please use this space to provide explanation of any items on this page

PART 4 - DEBT OUTSTANDING, ISSUED, AND RETIRED

Please answer the following questions by marking the appropriate boxes.

YES NO

Please use this space to provide any explanations or comments:

- 4-1 Does the entity have outstanding debt? YES NO
- 4-2 Is the debt repayment schedule attached? If no, MUST explain: YES NO

- 4-3 Is the entity current in its debt service payments? If no, MUST explain: YES NO

4-4 Please complete the following debt schedule. If applicable: (please only include principal amounts)

	Outstanding at beginning of year*	Issued during year	Retired during year	Outstanding at year-end
General obligation bonds	\$ -	\$ -	\$ -	\$ -
Revenue bonds	\$ -	\$ -	\$ -	\$ -
Notes/Loans	\$ -	\$ -	\$ -	\$ -
Leases	\$ -	\$ -	\$ -	\$ -
Developer Advances	\$ -	\$ -	\$ -	\$ -
Other (specify):	\$ -	\$ -	\$ -	\$ -
TOTAL	\$ -	\$ -	\$ -	\$ -

*must agree to prior year ending balance

Please answer the following questions by marking the appropriate boxes.

YES NO

- 4-5 Does the entity have any authorized, but unissued, debt?
If yes: How much? YES NO
- 4-6 Date the debt was authorized: YES NO
- 4-6 Does the entity intend to issue debt within the next calendar year?
If yes: How much? YES NO
- 4-7 Does the entity have debt that has been refinanced that it is still responsible for?
If yes: What is the amount outstanding? YES NO
- 4-8 Does the entity have any lease agreements?
If yes: What is being leased? YES NO
- Number of years of lease? _____
- What is the original date of the lease? _____
- Is the lease subject to annual appropriation? YES NO
- What are the annual lease payments? YES NO

PART 5 - CASH AND INVESTMENTS

Please provide the entity's cash deposit and investment balances.

*Please use this space to provide any explanations or comments:

YEAR-END Total of ALL Checking and Savings accounts	AMOUNT	TOTAL
5-1 Certificates of deposit	\$ 115,769	\$ 115,769
Investments (if investment is a mutual fund, please list underlying investments):		
5-2 COLOTrust	\$ 876,724	\$ 876,724
	\$ -	\$ -
	\$ -	\$ -
TOTAL INVESTMENTS	\$ -	\$ 876,724
TOTAL CASH AND INVESTMENTS	\$ -	\$ 792,493

Please answer the following question by marking in the appropriate box

YES NO N/A

- 5-4 Are the entity's investments legal in accordance with Section 24-75-601, et. seq., C.R.S.?
11-10-5-101, et seq. C.R.S.)? If no, MUST explain: YES NO N/A

PART 6 - CAPITAL ASSETS

Please answer the following question by marking in the appropriate box

- 6-1 Does the entity have capitalized assets? YES NO
- 6-2 Has the entity performed an annual inventory of capital assets in accordance with Section 29-1-506, C.R.S.? If no, MUS? explain: YES NO

Please use this space to provide any explanations or comments:

6-3 Complete the following Capital Assets table for GOVERNMENTAL FUNDS:

	Balance - beginning of the Year	Additions	Deletions	Year-End Balance
Land	\$ 40,000	\$ -	\$ -	\$ 40,000
Buildings	\$ 239,054	\$ 48,240	\$ -	\$ 287,294
Machinery and equipment	\$ 550,237	\$ 71,000	\$ -	\$ 621,237
Furniture and fixtures	\$ -	\$ -	\$ -	\$ -
Infrastructure	\$ -	\$ -	\$ -	\$ -
Construction In Progress (cip)	\$ -	\$ -	\$ -	\$ -
Other (explain: Fire and EMS Apparatus)	\$ 916,840	\$ 229,033	\$ -	\$ 1,145,873
Accumulated Depreciation (Enter a negative, or credit, balance)	\$ (1,145,355)	\$ (74,795)	\$ -	\$ (1,220,150)
TOTAL	\$ 600,776	\$ 273,478	\$ -	\$ 874,254

6-4 Complete the following Capital Assets table for PROPRIETARY FUNDS:

	Balance - beginning of the Year*	Additions	Deletions	Year-End Balance
Land	\$ -	\$ -	\$ -	\$ -
Buildings	\$ -	\$ -	\$ -	\$ -
Machinery and equipment	\$ -	\$ -	\$ -	\$ -
Furniture and fixtures	\$ -	\$ -	\$ -	\$ -
Infrastructure	\$ -	\$ -	\$ -	\$ -
Construction In Progress (cip)	\$ -	\$ -	\$ -	\$ -
Other (explain):	\$ -	\$ -	\$ -	\$ -
Accumulated Depreciation (Enter a negative, or credit, balance)	\$ -	\$ -	\$ -	\$ -
TOTAL	\$ -	\$ -	\$ -	\$ -

*must agree to prior year ending balance

PART 7 - PENSION INFORMATION

Please answer the following question by marking in the appropriate box

- 7-1 Does the entity have an "old hire" fireman's pension plan? YES NO
- 7-2 Does the entity have a volunteer fireman's pension plan? YES NO
- If yes: Who administers the plan?

Please use this space to provide any explanations or comments:

Indicate the contributions from:

Tax (property, GO, sales, etc.):	\$ 15,000
State contribution amount:	\$ 12,984
Other (gifts, donations, etc.):	\$ -
TOTAL	\$ 27,984

What is the monthly benefit paid for 20 years of service per retiree as of Jan 17?

TOTAL	\$ 250
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PART 8 - BUDGET INFORMATION

Please answer the following question by marking in the appropriate box

- 8-1 Did the entity file a current year budget with the Department of Local Affairs, in accordance with Section 29-1-113 C.R.S.? If no, MUST explain: YES NO N/A
- 8-2 Did the entity pass an appropriations resolution in accordance with Section 29-1-108 C.R.S.? If no, MUST explain: YES NO N/A

If yes: Please indicate the amount budgeted for each fund for the year reported

Fund Name	Budgeted Expenditures/Expenses
General	\$ 470,136
	\$ -
	\$ -
	\$ -

Please use this space to provide any explanations or comments:

PART 9 - TAX PAYER'S BILL OF RIGHTS (TABOR)

Please answer the following question by marking in the appropriate box

- 9-1 Is the entity in compliance with all the provisions of TABOR [State Constitution, Article X, Section 20(5)]? YES NO

Note: An election to exempt the government from the spending limitations of TABOR does not exempt the

Please use this space to provide any explanations or comments:

PART 10 - GENERAL INFORMATION

Please answer the following question by marking in the appropriate box

- 10-1 Is this application for a newly formed governmental entity? YES NO
- If yes: Date of formation:
- 10-2 Has the entity changed its name in the past or current year? YES NO
- If Yes: NEW name
- PRIOR name
- 10-3 Is the entity a metropolitan district? YES NO
- 10-4 Please indicate what services the entity provides:
- 10-5 Does the entity have an agreement with another government to provide services? YES NO
- If yes: List the name of the other governmental entity and the services provided:
- 10-6 Does the entity have a certified mill levy? YES NO

Please use this space to provide any explanations or comments:

If yes: Please provide the number of mills levied for the year reported (do not enter \$ amounts):

Bond Redemption mills	0.000
General/Other mills	12.066
Total mills	12.066

Please use this space to provide any additional explanations or comments not previously included:

PART 12: GOVERNING BODY APPROVAL

Please answer the following question by marking in the appropriate box.

YES NO

12-1 If you plan to submit this form electronically, have you read the new Electronic Signature Policy?

Office of the State Auditor — Local Government Division - Exemption Form Electronic Signatures Policy and Procedures

Policy - Requirements

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 signatures 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 individual 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 note their approval and submit the application through one of the following three methods:

- 1) Submit the application in hard copy via the US 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.

Below is the certification and approval of the governing body. By signing, each individual member is certifying they are a duly elected or appointed officer of the local government. Governing members may be verified. Also by signing, the individual member certifies that this Application for Exemption from Audit has been prepared consistent with Section 29-1-504, C.R.S., which states that a governmental agency with revenue and expenditures of \$750,000 or less must have an application prepared by an independent accountant with knowledge of governmental accounting, completed to the best of their knowledge and is accurate and true. Use additional pages if needed.

Print the names of ALL members of the governing body below.

	Full Name	A majority of the members of the governing body must complete and sign in the column below.
1	Charles Scott Kellar	I, <u>Charles Scott Kellar</u> , attest that I am a duly elected or appointed board member, and that I have personally reviewed and approve this application for exemption from audit. Signed: <u>Charles Scott Kellar</u> Date: <u>2/24/2021</u> My term Expires: <u>2023</u>
2	Marc Rosenberg	I, <u>Marc Rosenberg</u> , attest that I am a duly elected or appointed board member, and that I have personally reviewed and approve this application for exemption from audit. Signed: <u>Marc Rosenberg</u> Date: <u>3/2/2021</u> My term Expires: _____
3	Kelley Lehman	I, _____, attest that 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: _____
4	Christopher Vigil	I, <u>Christopher Vigil</u> , attest that I am a duly elected or appointed board member, and that I have personally reviewed and approve this application for exemption from audit. Signed: <u>Christopher Vigil</u> Date: <u>3-24-2021</u> My term Expires: <u>May 2022</u>
5	Scott Ryplewski	I, _____, attest that 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: _____
6		I, _____, attest that 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: _____
7		I, _____, attest that 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: _____

APPLICATION FOR EXEMPTION FROM AUDIT

LONG FORM

NAME OF GOVERNMENT ADDRESS

Indian Hills Fire Protection District
4476 Permiee Gulch

For the Year Ended
12/31/2020
or fiscal year ended:

CONTACT PERSON

Indian Hills, Co 80464
Anita Fritz

PHONE

303/697-4568

EMAIL

office.manager@ihfr.org

CERTIFICATION OF PREPARER

I certify that I am an independent accountant with knowledge of governmental accounting and that the information in the Application is complete and accurate to the best of my knowledge. I am aware that the Audit Law requires that a person independent of the entity complete the application if revenues or expenditure are at least \$100,000 but not more than \$750,000, and that independent means someone who is separate from the entity.

NAME:

Gregory Viquez, CPA

TITLE:

Shareholder

ADDRESS:

Marc James and Associates, PC
1748 Stark Center Drive, Suite 400, Highlands Ranch, CO 80129

PHONE

720/347-4938

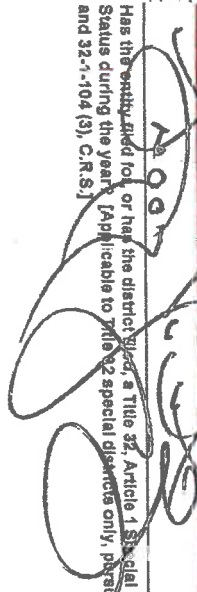
DATE PREPARED

3/16/2021

RELATIONSHIP TO ENTITY

Independent Certified Public Accountant

PREPARER (SIGNATURE REQUIRED)



Has the entity filed for or 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
<input type="checkbox"/>	<input checked="" type="checkbox"/>

If Yes, date filed: