# APPLICATION FOR EXEMPTION FROM AUDIT

|  | SHORT FO                                      | DRM                      |                 |  |  |
|--|---|--------------------------|-----------------|--|--|
| NAME OF GOVERNMENT                                   | Legato Metropolitan District No. 7            |                          |                 | For the Year Ended                       |  |
| ADDRESS  | 12/31/23                                      |                          |                 |  |  |
|  | or fiscal year ended:                         |                          |                 |  |  |
|  | Greenwood Village, CO 80111                   |                          |                 | -  |  |
| CONTACT PERSON                                       | Jason Carroll                                 |                          |                 |  |  |
| PHONE  | 303-779-5710                                  |                          |                 |  |  |
| EMAIL  | Jason.Carroll@claconnect.com                  |                          |                 |  |  |
|  | PART 1 - CERTIFICATIO                         | ON OF PRE                | <b>EPARER</b>   |  |  |
| I certify that I am skilled in gove<br>my knowledge. | ernmental accounting and that the information | ation in the applic      | ation is comple | te and accurate, to the best of          |  |
| NAME:  | Jason Carroll                                 |                          |                 |  |  |
| TITLE  | Accountant for the District                   |                          |                 |  |  |
| FIRM NAME (if applicable)                            | CliftonLarsonAllen LLP                        |                          |                 |  |  |
| ADDRESS  | 8390 E Crescent Parkway, Suite 300, G         | reenwood Village         | e, CO 80111     |  |  |
| PHONE  | 303-779-5710                                  |                          |                 |  |  |
| PREPA  | ARER (SIGNATURE REQUIRED)                     |                          | D               | ATE PREPARED                             |  |
| See attached accounta                                | 2/19/2024                                     |                          |                 |  |  |
|  | wing financial information is recorded        | GOVERNI<br>(MODIFIED ACC |                 | PROPRIETARY<br>(CASH OR BUDGETARY BASIS) |  |
| using Governmental or Proprietary fund types         |   |                          |                 |  |  |

## **PART 2 - REVENUE**

REVENUE: All revenues for all funds must be reflected in this section, including proceeds from the sale of the government's land, building, and equipment, and proceeds from debt or lease transactions. Financial information will not include fund equity information.

| Line# |                               | Description                                | Round to nearest Dollar | Please use this  |
|-------|-------------------------------|--|-------------------------|------------------|
| 2-1   | Taxes: Property               | (report mills levied in Question 10-6)     | \$ 1,599                | space to provide |
| 2-2   | Specific                      | ownership                                  | \$ 103                  | any necessary    |
| 2-3   | Sales and                     | d use                                      | \$-                     | explanations     |
| 2-4   | Other (sp                     | ecify): Interest Income                    | \$ 52                   |                  |
| 2-5   | Licenses and permits          |  | \$-                     |                  |
| 2-6   | Intergovernmental:            | Grants                                     | \$ -                    |                  |
| 2-7   | -                             | Conservation Trust Funds (Lottery)         | \$-                     |                  |
| 2-8   |                               | Highway Users Tax Funds (HUTF)             | \$-                     |                  |
| 2-9   |                               | Other (specify):                           | \$ -                    |                  |
| 2-10  | Charges for services          |  | \$ -                    |                  |
| 2-11  | Fines and forfeits            |  | \$-                     |                  |
| 2-12  | Special assessments           |  | \$ -                    |                  |
| 2-13  | Investment income             |  | \$ -                    |                  |
| 2-14  | Charges for utility services  |  | \$ -                    |                  |
| 2-15  | Debt proceeds                 | (should agree with line 4-4, column 2)     | \$-                     |                  |
| 2-16  | Lease proceeds                |  | \$ -                    |                  |
| 2-17  | Developer Advances received   | (should agree with line 4-4)               | \$-                     |                  |
| 2-18  | Proceeds from sale of capital | assets                                     | \$-                     |                  |
| 2-19  | Fire and police pension       |  | \$-                     |                  |
| 2-20  | Donations                     |  | \$ -                    |                  |
| 2-21  | Other (specify):              |  | \$ -                    |                  |
| 2-22  |                               |  | \$ -                    | 1                |
| 2-23  |                               |  | \$ -                    |                  |
| 2-24  |                               | (add lines 2-1 through 2-23) TOTAL REVENUE | \$ 1,754                |                  |

## PART 3 - EXPENDITURES/EXPENSES

EXPENDITURES: All expenditures for all funds must be reflected in this section, including the purchase of capital assets and principal and interest payments on long-term debt. Financial information will not include fund equity information.

|          | interest payments on long-term debt. Financial information will not in | nclude fund equity infor     | matic |                         | DI di l          |
|----------|--|------------------------------|-------|-------------------------|------------------|
| Line#    | Description  |                              |       | Round to nearest Dollar | Please use this  |
| 3-1      | Administrative   |                              | \$    | -                       | space to provide |
| 3-2      | Salaries   |                              | \$    | -                       | any necessary    |
| 3-3      | Payroll taxes  |                              | \$    | -                       | explanations     |
| 3-4      | Contract services  |                              | \$    | -                       |                  |
| 3-5      | Employee benefits  |                              | \$    | -                       |                  |
| 3-6      | Insurance  |                              | \$    | -                       | 1                |
| 3-7      | Accounting and legal fees  |                              | \$    | -                       | 1                |
| 3-8      | Repair and maintenance   |                              | \$    | -                       | 1                |
| 3-9      | Supplies   |                              | \$    | -                       | 1                |
| 3-10     | Utilities and telephone  |                              | \$    | -                       |                  |
| 3-11     | Fire/Police  |                              | \$    | -                       | 1                |
| 3-12     | Streets and highways   |                              | \$    | -                       |                  |
| 3-13     | Public health  |                              | \$    | -                       |                  |
| 3-14     | Capital outlay   |                              | \$    | -                       | 1                |
| 3-15     | Utility operations   |                              | \$    | -                       |                  |
| 3-16     | Culture and recreation   |                              | \$    | -                       |                  |
| 3-17     | Debt service principal   | (should agree with Part 4)   | \$    | -                       | 1                |
| 3-18     | Debt service interest  |                              | \$    | -                       | 1                |
| 3-19     | Repayment of Developer Advance Principal                               | (should agree with line 4-4) | \$    | -                       | 1                |
| 3-20     | Repayment of Developer Advance Interest                                |                              | \$    | -                       | 1                |
| 3-21     | Contribution to pension plan   | (should agree to line 7-2)   | \$    | -                       |                  |
| 3-22     | Contribution to Fire & Police Pension Assoc.                           | (should agree to line 7-2)   | \$    | -                       | 1                |
| 3-23     | Other (specify):   |                              |       |                         |                  |
| 3-24     | Payment for Services to Authority                                      |                              | \$    | 1,730                   | 1                |
| 3-25     | Country Treasurer's fee  |                              | \$    | 24                      | 1                |
| 3-26     | (add lines 3-1 through 3-24) TOTAL EXPEND                              | ITURES/EXPENSES              | \$    | 1,754                   |                  |
| IF ΤΟΤΑΙ | REVENUE (Line 2-24) or TOTAL EXPENDITURES (Line 3-26)                  | ) are GREATER than           | ¢100  |                         | ot use this      |

If TOTAL REVENUE (Line 2-24) or TOTAL EXPENDITURES (Line 3-26) are GREATER than \$100,000 - <u>STOP</u>. You may not use this form. Please use the "Application for Exemption from Audit -<u>LONG FORM</u>".

|            | PART 4 - DEBT OUTSTANDING   |   | 9911      | ED      | Δ      |             | TIR    | FD           |    |              |
|------------|---|---|-----------|---------|--------|-------------|--------|--------------|----|--------------|
|            | Please answer the following questions by marking the a                  |   |           |         | ,      |             |        | Yes          |    | No           |
| 4-1        | Does the entity have outstanding debt?                                  | appro                                       | priate b  | oxes.   |        |             |        | les          |    | v<br>√       |
|            | If Yes, please attach a copy of the entity's Debt Repayment So          | hedu  | ule.      |         |        |             |        |              |    |              |
| 4-2        | Is the debt repayment schedule attached? If no, MUST explain            | h belo                                      | ow:       |         |        |             |        |              | _  | 1            |
|            | N/A   |   |           |         |        |             |        |              |    |              |
| 4-3        | Is the entity current in its debt service payments? If no, MUST         | exp   | lain be   | low.    |        |             | J      | 7            |    | ✓            |
|            | N/A   | <u>ovb</u>                                  |           | 1011.   |        |             | ן<br>ו | _            | ,  |              |
|            |   |   |           |         |        |             |        |              |    |              |
| 4-4        | Please complete the following debt schedule, if applicable:             |   |           |         | _      |             |        |              |    |              |
|            | (please only include principal amounts)(enter all amount as positive    |   | Itstandi  |         | lssı   | led during  | Retir  | ed during    |    | anding at    |
|            | numbers)  | ena   | of prior  | year"   |        | year        |        | year         | ye | ar-end       |
|            | General obligation bonds  | \$  |           | -       | \$     | -           | \$     | -            | \$ | -            |
|            | Revenue bonds   | \$  |           | -       | \$     | -           | \$     | -            | \$ | -            |
|            | Notes/Loans   | \$  |           | -       | \$     | -           | \$     | -            | \$ | -            |
|            | Lease & SBITA** Liabilities [GASB 87 & 96]                              | \$  |           | -       | \$     | -           | \$     | -            | \$ | -            |
|            | Developer Advances  | \$  |           | -       | \$     | -           | \$     | -            | \$ | -            |
|            | Other (specify):  | \$  |           | -       | \$     | -           | \$     | -            | \$ | -            |
|            | TOTAL   | \$  |           | -       | \$     | -           | \$     | -            | \$ | -            |
| **Subscrip | tion Based Information Technology Arrangements                          | *Mu   | ist agree | to prio | r year | end balance |        |              |    |              |
|            | Please answer the following questions by marking the appropriate boxes. |   |           |         |        |             |        | Yes          |    | No           |
| 4-5        | Does the entity have any authorized, but unissued, debt?                |   |           |         |        |             |        | $\checkmark$ |    |              |
| If yes:    | How much?   | \$  |           |         |        | 00,000.00   |        |              |    |              |
|            | Date the debt was authorized:   |   |           | 11/3/2  | 2023   |             |        |              |    |              |
| 4-6        | Does the entity intend to issue debt within the next calendar y         | /ear?                                       | •         |         |        |             | -      |              |    | $\checkmark$ |
| If yes:    | How much?   | \$  |           |         |        | -           | ]      |              |    |              |
| 4-7        | Does the entity have debt that has been refinanced that it is s         | efinanced that it is still responsible for? |           |         |        |             | -      |              |    | $\checkmark$ |
| If yes:    | What is the amount outstanding?   | \$  |           |         |        | -           | ]      |              |    |              |
| 4-8        | Does the entity have any lease agreements?                              | L   |           |         |        |             | 1      |              |    | $\checkmark$ |
| If yes:    | What is being leased?   |   |           |         |        |             | ]      |              |    |              |
| -          | What is the original date of the lease?                                 |   |           |         |        |             |        |              |    |              |
|            | Number of years of lease?   |   |           |         |        |             | ]      | _            |    | 1.4          |
|            | Is the lease subject to annual appropriation?                           |   |           |         |        |             |        |              | _  |              |
|            | What are the annual lease payments?                                     | \$  |           |         |        | -           |        |              |    |              |

this spa e to provide any explanations/comments or attach separate documentation, if ne

|     | Please provide the entity's cash deposit and investment balances.                 |              | A  | Amount |    | Total    |
|-----|---|--------------|----|--------|----|----------|
| 5-1 | YEAR-END Total of ALL Checking and Savings Accounts                               |              | \$ | -      |    |          |
| 5-2 | Certificates of deposit   |              | \$ | -      | ]  |          |
|     | Total Cash Deposits   |              |    |        | \$ | -        |
|     | Investments (if investment is a mutual fund, please list underlying investments): |              |    |        |    |          |
|     | CSAFE   |              | \$ | 31     | 1  |          |
| 5-3 |   |              | \$ | -      | ]  |          |
| J-J |   |              | \$ | -      | ]  |          |
|     |   |              | \$ | -      |    |          |
|     | Total Investments   |              |    |        | \$ |          |
|     | Total Cash and Investments  |              |    |        | \$ |          |
|     | Please answer the following questions by marking in the appropriate boxes         | Yes          |    | No     |    | N/A      |
| 5-4 | Are the entity's Investments legal in accordance with Section 24-75-601, et.      | $\checkmark$ |    |        |    |          |
|     | seq., C.R.S.?   |              |    |        |    |          |
| 5-5 | Are the entity's deposits in an eligible (Public Deposit Protection Act) public   | _            |    | -      |    | <b>v</b> |
|     | depository (Section 11-10.5-101, et seq. C.R.S.)?                                 |              |    |        |    |          |

|     | PART 6 - CAPITAL AND RIC<br>Please answer the following guestions by marking in the appropriate boxe   |           | ISE ASSE        | TS<br><sub>Yes</sub> | No       |
|-----|--|-----------|-----------------|----------------------|----------|
| 6-1 | Does the entity have capital assets?   |           |                 |                      | V        |
| 6-2 | Has the entity performed an annual inventory of capital assets 29-1-506, C.R.S.,? If no, MUST explain: |           | V               |                      |          |
|     |  |           |                 |                      |          |
| 6-3 |  | Balance - | Additions (Must |                      | Year-End |

| -3 Complete the following capital & right-to-use assets table: | beginr | lance -<br>ning of the<br>/ear* | be inc | ons (Must<br>cluded in<br>art 3) | De | eletions | ar-End<br>alance |
|--|--------|---------------------------------|--------|----------------------------------|----|----------|------------------|
| Land   | \$     | -                               | \$     | -                                | \$ | -        | \$<br>-          |
| Buildings  | \$     | -                               | \$     | -                                | \$ | -        | \$<br>-          |
| Machinery and equipment  | \$     | -                               | \$     | -                                | \$ | -        | \$<br>-          |
| Furniture and fixtures   | \$     | -                               | \$     | -                                | \$ | -        | \$<br>-          |
| Infrastructure   | \$     | -                               | \$     | -                                | \$ | -        | \$<br>-          |
| Construction In Progress (CIP)                                 | \$     | -                               | \$     | -                                | \$ | -        | \$<br>-          |
| Leased & SBITA Right-to-Use Assets                             | \$     | -                               | \$     | -                                | \$ | -        | \$<br>-          |
| Other (explain):   | \$     | -                               | \$     | -                                | \$ | -        | \$<br>-          |
| Accumulated Depreciation/Amortization                          | ¢      |                                 | ¢      |                                  | ¢  |          |                  |
| (Please enter a negative, or credit, balance)                  | Þ      | -                               | \$     | -                                | \$ | -        | \$<br>-          |
| TOTAL  | \$     | -                               | \$     | -                                | \$ | -        | \$<br>-          |

# \*must tie to prior year ending balance Part 6 - Please use this space to provide any explanations/comments or attach documentation, if needed:

|         | PART 7 - PENSION INFORMA  | TIO | Ν |     |              |
|---------|---|-----|---|-----|--------------|
|         | Please answer the following questions by marking in the appropriate boxes.        |     |   | Yes | No           |
| 7-1     | Does the entity have an "old hire" firefighters' pension plan?                    |     |   |     | $\checkmark$ |
| 7-2     | Does the entity have a volunteer firefighters' pension plan?                      |     |   |     | $\checkmark$ |
| If yes: | Who administers the plan?   |     |   |     |              |
|         | Indicate the contributions from:  |     |   |     |              |
|         | Tax (property, SO, sales, etc.):  | \$  | - |     |              |
|         | State contribution amount:  | \$  | - |     |              |
|         | Other (gifts, donations, etc.):   | \$  | - |     |              |
|         | TOTAL   | \$  | - |     |              |
|         | What is the monthly benefit paid for 20 years of service per retiree as of Jan 1? | \$  | - |     |              |

Part 7 - Please use this space to provide any explanations or comments:

| PART 8 - BUDGET INFORMATION |   |          |    |     |  |  |  |  |
|-----------------------------|---|----------|----|-----|--|--|--|--|
|                             | Please answer the following questions by marking in the appropriate boxes.  | Yes      | No | N/A |  |  |  |  |
| 8-1                         | Did the entity file a budget with the Department of Local Affairs for the current year in accordance with Section 29-1-113 C.R.S.? If no, MUST explain: | <b>v</b> |    |     |  |  |  |  |
| 8-2                         | Did the entity pass an appropriations resolution, in accordance with Section 29-1-108 C.R.S.? If no, MUST explain:                                      | V        |    |     |  |  |  |  |
| If ves:                     | Please indicate the amount budgeted for each fund for the year reported:  |          |    |     |  |  |  |  |

| Governmental/Proprietary Fund Name | Total Appropriations By Fun |       |  |
|------------------------------------|-----------------------------|-------|--|
| General Fund                       | \$                          | 320   |  |
| Debt Service Fund                  | \$                          | 1,380 |  |
|                                    |                             |       |  |
|                                    |                             |       |  |

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| PART 9 - TAXPAYER'S BILL OF RIGHTS (TABOR) |   |          |    |  |  |  |
|--|---|----------|----|--|--|--|
|  | Please answer the following question by marking in the appropriate box  | Yes      | No |  |  |  |
| 9-1  | Is the entity in compliance with all the provisions of TABOR [State Constitution, Article X, Section 20(5)]?<br>Note: An election to exempt the government from the spending limitations of TABOR does not exempt the government from the 3 percent emergency reserve requirement. All governments should determine if they meet this requirement of TABOR. | <b>v</b> |    |  |  |  |
| lf no, Ml                                  | JST explain:  |          |    |  |  |  |
|  |   |          |    |  |  |  |

|         | PART 10 - GENERAL INFORM  | ATION        |              |              |
|---------|---|--------------|--------------|--------------|
|         | Please answer the following questions by marking in the appropriate boxes.  |              | Yes          | No           |
| 10-1    | Is this application for a newly formed governmental entity?   |              |              |              |
| If yes: | Date of formation:  |              |              |              |
| 10-2    | Has the entity changed its name in the past or current year?  |              |              | $\checkmark$ |
|         |   |              |              |              |
| If yes: | Please list the NEW name & PRIOR name:  |              |              |              |
|         | See Below   |              |              |              |
| 10-3    | Is the entity a metropolitan district?  |              | $\checkmark$ |              |
|         | Please indicate what services the entity provides:  |              | 1            |              |
| 10-4    | See Below Does the entity have an agreement with another government to provide servic   |              | <b>√</b>     |              |
| If yes: | List the name of the other governmental entity and the services provided:   | 62 (         | V            |              |
| II yes. | List the name of the other governmental entity and the services provided.   |              |              |              |
| 10-5    | Has the district filed a Title 32, Article 1 Special District Notice of Inactive Stat   | tus during   |              | $\checkmark$ |
| If yes: | Date Filed:   |              |              |              |
|         |   |              |              |              |
| 10-6    | Does the entity have a certified Mill Levy?   |              | $\checkmark$ |              |
| If yes: | Please provide the following <u>mills</u> levied for the year reported (do not report \$  | amounts):    |              |              |
|         | Bond Redempt  | ion mills    |              | 25.197       |
|         | General/Other   |              |              | 5.039        |
|         | Total mills   |              |              | 30.236       |
|         |   | Yes          | No           | N/A          |
|         | NEW 2023! If the entity is a Title 32 Special District formed on or after 7/1/2000, has   | $\checkmark$ |              |              |
| 10-7    | the entity filed its preceding year annual report with the State Auditor as required<br>under SB 21-262 [Section 32-1-207 C.R.S.]? If NO, please explain. |              |              |              |
|         |   |              |              |              |

10-3: The District was established to provide public streets, traffic and safety, water, sewer, park and recreation, television relay and translation, and mosquito control facilities and improvements for the use and benefit of the inhabitants and taxpayers of the District. 10-4: Legato Community Authority & Legato Metropolitan Districts 1,2,3,4,5,6.

|      | PART 11 - GOVERNING BODY APPROVAL  |     |    |  |  |
|------|--|-----|----|--|--|
|      | Please answer the following question by marking in the appropriate box                         | YES | NO |  |  |
| 40.4 | <br>If you plan to submit this form electronically, have you read the new Electronic Signature |     | Π  |  |  |

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

#### 

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

## **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 signature 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 individuals' 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.

| Print the names of ALL members of current governing body below. |   | A <u>MAJORITY</u> of the members of the governing body must sign below.  |  |  |
|---|---|--|--|--|
| Board<br>Member<br>1  | Print Board Member's Name<br>Casey Fanganello | I Casey Fanganello, attest I am a duly elected or appointed board member, and<br>that I have personally reviewed and approve this application for exemption from<br>audit.<br>Signed<br>Date: 3/15/2024            |  |  |
| Board<br>Member<br>2  | Print Board Member's Name<br>John, O'Neil     | My term Expires: May 2025<br>I John O'Neil, attest I am a duly elected or appointed board member, and that I<br>have personally reviewed and approve this application for exemption from audit.<br>Signed<br>Date: |  |  |
| Board<br>Member<br>3  | Print Board Member's Name<br>Peter Richards   | I Peter Richards, attest I am a duly elected or appointed board member, and that I have personally reviewed and approve this application for exemption from audit. Signed  |  |  |
| Board<br>Member<br>4  | Print Board Member's Name<br>Emma Burns       | I Emma Burns , attest I am a duly elected or appointed board member, and that I<br>have personally reviewed and approve this application for exemption from audit.<br>Signed<br>Date:<br>My term Expires: May 2027 |  |  |
| Board<br>Member<br>5  | Print Board Member's Name                     | I, attest I am a duly elected or appointed board<br>member, and that I have personally reviewed and approve this application for<br>exemption from audit.<br>Signed<br>Date:<br>My term Expires:                   |  |  |
| Board<br>Member<br>6  | Print Board Member's Name                     | I  |  |  |
| Board<br>Member<br>7  | Print Board Member's Name                     | I, attest I am a duly elected or appointed board<br>member, and that I have personally reviewed and approve this application for<br>exemption from audit.<br>Signed<br>Date:<br>My term Expires:                   |  |  |



CliftonLarsonAllen LLP 8390 East Crescent Parkway, Suite 300 Greenwood Village, CO 80111 phone 303-779-5710 fax 303-779-0348 claconnect.com

### Accountant's Compilation Report

Board of Directors Legato Metropolitan District No. 7 Adams County, Colorado

Management is responsible for the accompanying Application for Exemption from Audit of Legato Metropolitan District No. 7 as of and for the year ended December 31, 2023, included in the accompanying prescribed form. We have performed a compilation engagement in accordance with Statements on Standards for Accounting and Review Services promulgated by the Accounting and Review Services Committee of the American Institute of Certified Public Accountants. We did not audit or review the financial statements included in the accompanying prescribed form nor were we required to perform any procedures to verify the accuracy or completeness of the information provided by management. Accordingly, we do not express an opinion, a conclusion, nor provide any form of assurance on the financial statements included in the accompanying prescribed form.

The Application for Exemption from Audit is presented in accordance with the requirements of the Colorado Office of the State Auditor, which differ from accounting principles generally accepted in the United States of America.

This report is intended solely for the information and use of the Colorado Office of the State Auditor and is not intended to be and should not be used by anyone other than this specified party.

We are not independent with respect to Legato Metropolitan District No. 7.



Greenwood Village, Colorado February 19, 2024

## DocuSign

#### **Certificate Of Completion**

Envelope Id: 76E75144B90E4DD4909D02D8043AC88E Subject: Complete with DocuSign: Legato MD No. 7 Client Name: Legato Metro District No. 7 Client Number: A142105 Source Envelope: Document Pages: 8 Certificate Pages: 5 AutoNav: Enabled EnvelopeId Stamping: Enabled Time Zone: (UTC-06:00) Central Time (US & Canada)

#### **Record Tracking**

Status: Original 3/11/2024 3:58:55 PM

#### Signer Events

Casey Fanganello

casey@fastpe.com President Cf Security Level: Email. *A* 

Security Level: Email, Account Authentication (None)

#### Electronic Record and Signature Disclosure: Accepted: 3/15/2024 11:03:48 AM

ID: 82a40aa9-d513-4155-b958-5b23a8e0389d

John O'Niel

johnoneil8522@gmail.com Security Level: Email, Account Authentication (None)

Electronic Record and Signature Disclosure:

Accepted: 3/13/2024 11:36:08 AM ID: 571b4aa7-5027-4b80-92ee-77e1f7f2bc6f

Peter Richards

pcrichards57@gmail.com Security Level: Email, Account Authentication (None) Cole.Stadeker@claconnect.com

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