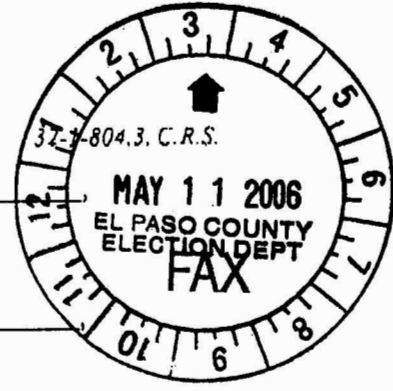


SELF-NOMINATION AND ACCEPTANCE



I, Bob Scott Mitchell
(Full name of the candidate as the name will appear on the ballot)

who reside at:

305 Pine Oaks Road
(residence street name and number)

Post Office Box 60272
(mailing address if different from residence address)

Colorado Springs, CO 80960-0272
(city or town, zip code)

El Paso
(county)

hereby nominate myself and accept such nomination for the office of Director for a four (4) year term on the Board of Directors of Rock Creek Mesa Water District at the 5/2/06 election and will serve if elected.
(Date of election)

I affirm that I am an eligible elector of Rock Creek Mesa Water District and am an eligible elector at the date of signing this Self-Nomination and Acceptance form.

Bob Scott Mitchell 719/540-3826
Printed Name of Candidate Phone Number of Candidate
Bob Mitchell 5/10/06
Signature of Candidate Date

Information provided by the witness who is a registered elector:

305 PINE OAKS RD 2500 Rock Creek Mesa Rd
(residence street name and number)

P.O. Box 60272
(mailing address if different from residence address)

COLORADO SPRINGS CO 80960 26
(city or town, zip code)

EL PASO
(county)

Sharon Stephenson 719-579-0471
Printed Name of Witness Phone Number of Witness
Sharon Stephenson MAY 10 - 06
Signature of Witness Date

Form must be filed with the Designated Election Official (DEO) of the District not less than 67 days prior to the regular election. Contact the DEO to verify the official due date.

Received at _____, Colorado, this _____ day of _____
By: _____ Designated Election Official
_____ District, _____ County, Colorado