



## Colorado Department of Revenue Suggested Revision to Rules and Regulations

This form is provided to suggest rule changes to the Divisions of the Department of Revenue  
*This form must be completed in its entirety, prior to submission for consideration by the Division.*

Last Name		First Name	
Company/Organization		Job Title	
Date	Contact Phone Number	Email Address	
<input type="checkbox"/> Check if interested in being added to rule distribution lists			
<b>Check which division rules you are addressing</b> (check applicable division)			
<input type="checkbox"/> Auto Industry		<input type="checkbox"/> Lottery	
<input type="checkbox"/> Gaming		<input type="checkbox"/> Medical Marijuana	
<input type="checkbox"/> Hearings		<input type="checkbox"/> Marijuana	
<input type="checkbox"/> Liquor/Tobacco Enforcement		<input type="checkbox"/> Motor Vehicle	
		<input type="checkbox"/> Racing Events	
		<input type="checkbox"/> Taxation	
		<input type="checkbox"/> Unknown/Other	
Rule Name and/or Rule Number		Section and Page Number of Rule	
<b>Suggest wording for existing rule:</b>			

<b>For Department Use Only</b>	
Tracking #	

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**Basic justification for suggested change:**

Large empty rectangular box for providing the basic justification for the suggested change.

**Examples when the current rule caused a problem/confusion:**

*Please provide real life examples*

Large empty rectangular box for providing examples of problems or confusion caused by the current rule.

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Tracking #

Empty box for entering the tracking number.

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**Explain how the change would affect/benefit the industry:**

**Explain how the change would affect/benefit the Division impacted:**

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**Explain how the change would affect/benefit the public:**

*ex: making the rules easier to understand, increasing efficiency/ effectiveness, fairness, etc.*

**List any documents you have to support the proposed rule change:**

You will be notified via email or mail once a disposition has been determined by the Division. If email is not available please complete contact information below:

**Mailing Address**

Street Address	City	State	Zip
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Please return this request by email to: [dor\\_ruleform@state.co.us](mailto:dor_ruleform@state.co.us) or by mailing the request to the following address:

Colorado Department of Revenue  
Executive Director's Office  
RE: Rules  
1375 Sherman Street, Room 409  
Denver, Colorado 80261

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Reviewer Name	Reviewer Title	Date Reviewed
Disposition: <input type="checkbox"/> To be submitted for consideration of rule change <input type="checkbox"/> Denied (i.e. conflicts with state statute, exceeds funding or resources limits, needs additional clarification or justification, etc.) <i>See comments</i>		
<b>Comments:</b>		

<b>For Department Use Only</b>	
Tracking #	