



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 | | | |
| Check which division rules you are addressing (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 | |
| Suggest wording for existing rule: | | | |
| | | | |

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|--------------------------------|--|
| For Department Use Only | |
| 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:

Empty text area for explaining how the change would affect/benefit the industry.

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

Empty text area for explaining 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 |
|----------------|------|-------|-----|

Please return this request by email to: 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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