



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"/> Motor Vehicle	
<input type="checkbox"/> Liquor/Tobacco Enforcement		<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:			

For Department Use Only	
Tracking #	

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.

Basic justification for suggested change:

Large empty rectangular box for providing 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.

For Department Use Only

Tracking #

Empty box for tracking number.

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.

Explain how the change would affect/benefit the industry:

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

For Department Use Only

Tracking #

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.

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

For Department Use Only	
Tracking #	

