



## 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:**

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

*Please provide real life examples*

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Tracking #

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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 |
|----------------|------|-------|-----|

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:<br><input type="checkbox"/> To be submitted for consideration of rule change<br><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>   |                |               |
|  |                |               |
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