



For Division Use Only
Tracking #: _____

Marijuana Enforcement Division Suggested Revision to Rules

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: _____

Check if you would like your email address to be added to the Division's rulemaking notification distribution list

Rule Number and/or Name: _____ Rule Section: _____

Suggested wording for the rule:



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Basic justification for the suggested change:

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

Please provide real life examples



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Explain how the change would affect/benefit the industry:

Explain how the change would affect/benefit the Marijuana Enforcement Division:



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Explain how the change would affect/benefit the public:

List any documents or informational sources you have to support the proposed rule change:

Completed rule revision suggestion forms will be included in the permanent rulemaking record.

Please return this completed form to: dor_medrulecomments@state.co.us or by mailing it to the following address:

Marijuana Enforcement Division
Re: Rules
455 Sherman Street, Suite 390
Denver, CO 80203