



## 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:**

**Please return this completed form to: [dor\\_medrulecomments@state.co.us](mailto: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