

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	
	interested in being added to rule dis	stribution lists	
Rule Name and/or Rule Number		Section and Page Number of Rule	
Suggest wo	ording for existing rule:		
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Basic justification for suggested change:	
Examples 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 Division:				



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plain how the change would affect/benefit th	ne public:	
t any documents you have to support the pr	oposed rule change:	
ou will be notified via email or mail once a disposit omplete contact information below:	ion has been determined by the Divisi	ion. If email is not available please
ailing Address		
reet Address	City	State Zip

Colorado Division of Gaming RE: Rules 17301 W. Colfax Ave., Suite 135 Golden, CO 80401