



## Official Map Amendment Referral Agency Review

|                                                                                                                                                                         |               |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|
| Application #                                                                                                                                                           | Case Manager: |
| Address                                                                                                                                                                 |               |
| Date Sent                                                                                                                                                               | E-Mail        |
| Response Due                                                                                                                                                            | Telephone     |
| <b>The electronic version of this application may be accessed at:</b><br><a href="http://www.denvergov.org/rezoning">www.denvergov.org/rezoning</a>                     |               |
| <b>If no response is received by CPD within 14 days from the referral date, the application will be assumed to be recommended for approval by the reviewing agency.</b> |               |
| Agency                                                                                                                                                                  |               |
| Reviewer                                                                                                                                                                |               |
| E-mail                                                                                                                                                                  |               |
| Telephone                                                                                                                                                               |               |
| Date Returned                                                                                                                                                           |               |
| Response                                                                                                                                                                |               |
| Comments:                                                                                                                                                               |               |

Please return the completed Referral Agency Review Form to: [rezoning@denvergov.org](mailto:rezoning@denvergov.org)

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