



## 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)

Rev 5/14