COLORADO CERTIFIED LOCAL GOVERNMENT NATIONAL REGISTER NOMINATION REVIEW REPORT FORM

Property Name: _____

Address: _____

Certified Local Government: _____

Date of public meeting at which nomination was reviewed: _____

Eligibility Criteria: (Check applicable boxes)

☐ Criterion A ☐ Criterion C
☐ Criterion B ☐ Criterion D

Please check the boxes below appropriate to the nomination review:

Commission/Board

☐ The commission/board recommends that the nomination meets the criteria checked above.
☐ The commission/board recommends that the nomination fails to meet any of the above criteria.
☐ The commission/board chooses not to make a recommendation on the nomination. Attach an additional sheet explaining the lack of a recommendation.

Chief Elected Official

☐ The chief elected official recommends that the nomination meets the criteria checked above.
☐ The chief elected official recommends that the nomination fails to meet any of the above criteria.
☐ The chief elected official chooses not to make a recommendation on the nomination. Attach an additional sheet explaining the lack of a recommendation.

Attach an additional sheet to make any further comments.

Certify this report with both signatures below

CLG Commission/Board Chair or Representative

Print name: _____

Signature: _____ _____
(Date)

Chief Elected Official or Designee

Print name: _____

Signature: _____ _____
(Date)