

**COLORADO CERTIFIED LOCAL GOVERNMENT  
NATIONAL REGISTER NOMINATION  
REVIEW REPORT FORM**

**Property Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Certified Local Government:** \_\_\_\_\_

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**Date of public meeting at which nomination was reviewed:** \_\_\_\_\_

**Eligibility Criteria:** (Check applicable boxes)

- |                                      |                                      |
|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> Criterion A | <input type="checkbox"/> Criterion C |
| <input type="checkbox"/> Criterion B | <input type="checkbox"/> 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) \_\_\_\_\_