

# STATE OF COLORADO

Division of Local Government  
 1313 Sherman Street, Suite 521  
 Denver, Colorado 80203  
 Phone: (303) 864-7720  
 TDD: (303) 866-5300



## LOCAL GOVERNMENT CONTACT UPDATE

<b>Local Government Information</b>			Date		
	<u>Official Name</u>			<u>LGID</u>	
	Principal Address				
	Mailing Address (if not same as above)				
	City	State		Zip	
Website					

<b>Official Contact <sup>1</sup></b>	Contact Name				
	Contact Title				
	Contact Address (if not same as above)				
	Contact Alt. Address				
	City	State		Zip	
	Phone	Fax			
	E-Mail				E-Filing ID Needed - <input type="checkbox"/> (check here)

\*If E-filing ID is necessary (checked) you will be contacted regarding changes to your Local Government E-Filing Portal Login Information. E-filing accounts are available for Chief Administrative contact and for Budget Officer contact types **except in the case of Title 32-1 special districts the Official Contact pursuant to 32-1-104 (2) will be the only available e-filing user.**

<b>Other Contact</b>  <input type="checkbox"/> Board Chair <input type="checkbox"/> Other:  _____	Contact Name				
	Contact Title				
	Contact Address Same As Local Government <input type="checkbox"/>				
	Contact Alt. Address				
	City	State		Zip	
	Phone	Fax			
	E-Mail				

This Form can be submitted to our address listed above, [dola\\_dlg\\_helpdesk@state.co.us](mailto:dola_dlg_helpdesk@state.co.us), or faxed to (303) 864-7759

<sup>1</sup> All correspondence from the Division of Local Government will be addressed to the Official Contact on record. For Title 32-1 Special Districts the Official Contact is pursuant to 32-1- 104 (2) C.R.S.

## LOCAL GOVERNMENT CONTACT UPDATE

<b>Other Contact</b> <input type="checkbox"/> Board Chair <input type="checkbox"/> Other: _____	Contact Name				
	Contact Title				
	Contact Address Same As Local Government <input type="checkbox"/>				
	Contact Alt. Address				
	City		State		Zip
	Phone		Fax		
	E-Mail				

<b>Other Contact</b> <input type="checkbox"/> Board Chair <input type="checkbox"/> Other: _____	Contact Name				
	Contact Title				
	Contact Address Same As Local Government <input type="checkbox"/>				
	Contact Alt. Address				
	City		State		Zip
	Phone		Fax		
	E-Mail				

<b>Other Contact</b> <input type="checkbox"/> Board Chair <input type="checkbox"/> Other: _____	Contact Name				
	Contact Title				
	Contact Address Same As Local Government <input type="checkbox"/>				
	Contact Alt. Address				
	City		State		Zip
	Phone		Fax		
	E-Mail				

<b>Other Contact</b> <input type="checkbox"/> Board Chair <input type="checkbox"/> Other: _____	Contact Name				
	Contact Title				
	Contact Address Same As Local Government <input type="checkbox"/>				
	Contact Alt. Address				
	City		State		Zip
	Phone		Fax		
	E-Mail				