

**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)

- |                                      |                                      |
|--------------------------------------|--------------------------------------|
| <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)