DR 4861 (10/25/23) COLORADO DEPARTMENT OF REVENUE Hearings Division PO Box 17087 Denver CO 80217-0087 (303) 205-5606

## Officer Request for Reschedule

	<b>311133</b>			
Today's Date				
Hearing Date	Tin	ne	Case Number	
Respondent Name				
Location or Telephone H	learing			
		Officer In	formation	
Agency Name				
Officer Name				
Badge Number				
Phone Number	Email Address		Notice	Subpoena
		Reschedu	ıle Reason	
			Court	
Court Conflict	Dates		Case Number	
	Dates		Reason	
Vacation/Personal				
	Dates		Reason	
Medical				
	Dates		Reason	
Training				
Is training mandatory?	Yes	No		

Please list the dates you are r	<b>Tot</b> available during the next sixty (60) days separated by a comma.
Month	Dates
Month	Dates
Month	Dates

Email to: dor\_info\_hearings@state.co.us

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