Court Address:	County, Colorado)			
Court Address:					
PLAINTIFF(S):		—			
Address:					
City/State/Zip:					
Phone: Home	Work				
V.					
DEFENDANT(S):					
Address:					
City/State/Zip:					
Phone: Home	Work	•	COUF	RT USE ONLY	•
Attorney or Party Without At	ttorney (Name and Address):	Case N	lumber:		
Phone Number: FAX Number	E-mail: Atty Reg #:	Division	า	Courtroom	
Phone Number: FAX Number:	E-mail: Atty. Reg. #: NOTICE OF REMOVAL	Division	<u>ו</u>	Courtroom	
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CERTIFICATE OF MAILING

I hereby certify that on (date)______, I mailed a true and correct copy of the NOTICE OF REMOVAL, by placing it in the United States Mail, postage pre-paid to the parties at the addresses listed above.

Dated: _____

Clerk/Deputy