Complainant				
V.				
Respondent:				
[Insert your name]				
Respondent's Attorney or F	espondent if W	ithout Attor	ney [Insert your	
information]				Civil Penalty Assessment
Name and Address:				Notice ID No.:
Phone Number:	E mail:			License Plate No.:
FAX Number:		g. # (if app		
I AA Nullibel.	Ally. Ne	y. # (II app	ilicable).	1
toll evasions originally scheduled requesting this continuance due t	at: a.m/p.n o the following un	n. on anticipated	personal emergency	[insert time and date]. I affirm that I am y or to seek representation by counsel:
I affirm that no prior continuance	nas been request	ed in this ma	atter.	
		VERIF	CATION	
I declare under penalty of perju	ry under the law	of Colorad	o that the foregoir	ng is true and correct.
Executed on the day of				
Executed on the day of _ (date)	(month)	(year)	(city or other loca	tion, and state OR country)
Printed name of Party			Signature of Party	

If this Request for Continuance is for an unanticipated personal emergency, it must be filed prior to the scheduled hearing. If this Request for Continuance is to seek representation by counsel, it must be filed no less than 5 days prior to the scheduled hearing. This Request for Continuance must be filed either by e-mail to hearingrequest@e-470.com or by transmitting a hard copy to E-470 Public Highway Authority, Attn: Hearing Request, 22470 E. Stephen D. Hogan Parkway, Suite 100, Aurora, CO 80018. This Request for Continuance, including hard copies, must be received by the applicable deadline to be granted. If timely filed, a continued hearing will be scheduled for the next available hearing date no sooner than 30 days from the original hearing date, and a notice of the rescheduled hearing date and time will be provided to you. If you fail to appear at the hearing, you will be deemed to have admitted liability and waived the right to a hearing, and a Hearing Officer's Final Order of liability in default shall be entered against you.