

Colorado Off-Highway Vehicle Coalition  
P.O. Box 620523  
Littleton, CO 80162

*Thank you for your concern and interest in preserving the privilege of motorized access to public lands. Your application will be presented to the COHVCO Board of Directors at the next monthly meeting. You may be contacted by the legal staff or by a member of the Board of Directors prior to the meeting and asked if you would like to attend the meeting and give a verbal presentation of your request to the Board.*

*You may also contact a member of the Board directly to expedite your request or for assistance in filing out this form. Contact information may be found at [www.cohvco.org](http://www.cohvco.org).*

*The COHVCO legal staff will take no action on this request without the approval of the COHVCO Board of Directors.*

**Request For Legal Assistance**

Please download this form, fill in the answers to the following questions, then send this form to COHVCO at the following address:

The Colorado Off-Highway Vehicle Coalition  
ATTN: Legal Assistance  
517 E. 16th Avenue, Suite 201  
Denver, CO 80203

**1. Applicant (that is, club, organization, individual, etc.)**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Is the applicant a member of COHVCO?: \_\_\_\_\_

**2. Contact Person:**

Name: \_\_\_\_\_

Position in organization: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Phone Numbers: \_\_\_\_\_ (Home)  
\_\_\_\_\_ (Work)  
\_\_\_\_\_ (Mobile)  
\_\_\_\_\_ (Fax)

Email address: \_\_\_\_\_

Is the contact person a member of COHVCO? \_\_\_\_\_

What is the best way to contact you during business hours?

- Email
- Home phone
- Work phone
- Mobile phone

**3. “Back-up” Contact Person (for example- someone else in your club who knows what’s going on)**

Name: \_\_\_\_\_

Position in organization (if any): \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Phone Numbers: \_\_\_\_\_ (Home)  
\_\_\_\_\_ (Work)  
\_\_\_\_\_ (Mobile)  
\_\_\_\_\_ (Fax)

Email address: \_\_\_\_\_

Is the “back-up” contact person a member of COHVCO? \_\_\_\_\_

What is the best way to contact the “back-up” person during business hours?

- Email
- Home phone
- Work phone
- Mobile phone

**3. Are you (the person filing out this application) a member of any other OHV club (4WD, ATV, Snowmobile, or Dirt Bike club) that is a member of COHVCO?**

- Yes: \_\_\_\_\_ (name of club).
- No

**4. Which type(s) of OHV(s) do you ride/drive?**

- a. 4WD
- b. ATV
- c. Snowmobile
- d. Dirt bike
- e. Other: \_\_\_\_\_.

**5. Where in the state of Colorado do you ride? (Be as specific as possible- mention the names of the National Forests, including the Ranger Districts, the BLM lands, including the name of the local BLM office, etc...).**

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**6. Where, in particular, have you experienced an issue/problem (trail closure, etc.) that may warrant the assistance of the COHVCO legal staff? (Once again, be as specific as possible).**

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*This form is not a contract nor a solicitation to provide legal services. It is merely a means by which you may inform the COHVCO legal staff of issues that may warrant its assistance in the future. Nothing herein may be construed as establishing an attorney-client relationship between you and a member of the COHVCO legal staff. After we receive and review your application, we will contact you if your issue/problem may require the involvement of the COHVCO legal staff. If, after further review of your situation, the COHVCO legal staff determines that its assistance is warranted, and the COHVCO Board of Directors indicates its approval, you and/or an authorized member of your club will be required to sign a written form indicating your express written acceptance of the legal assistance of the COHVCO legal staff.*

*Please sign and date this form below to indicate that you have read and understood the paragraph above.*

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Signature

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Date