NOTICE OF INTENT TO CURE

NOTICE is hereby given to the Treas	surer-Public Trustee of the	County of Adams, State of Colorado, of the intention of	of:
		as the	
Signature			
(PLEASE check appropriate box)			
☐ Owner of the property bein	ng foreclosed, or		
provides evidence of that person's	s right to cure to the satis	s set forth in Section 38-38-104(1), C.R.S. <u>who</u> <u>sfaction of the Public Trustee</u> , to cure the default o osure sale by the Public Trustee instituted upon the	
A true and correct copy of the inst owner, pursuant to the provisions		s the undersigned's right to cure, if other than the R.S as amended, is attached.	
		stee's Office at least 15 calendar days y date to which the sale is continued.	
	tatement of all sums of p	ne owner of evidence of debt secured by the Deed or principal, interest, costs, expenses, attorney fees ce with law.	of
Dated	, 20		
Name			_
Address			_
City	State	Zip Code	_
Telephone Number:	Ce	ell Phone Number:	_
FAX Number	E-Mail	l Address	_
Foreclosure Number		SALE DATE 1	
•	Email address - eforeclosu	on, CO 80601 – Phone 720-523-6250 – Fax 720-523-6548 ures@adcogov.org n to 4:30 p.m. weekdays, except holidays	
fc	or information on your particula	or "MENU" and then on "Foreclosure Listings/Search" to sear lar foreclosure number. nation on our website may inform you about continued sale dates.	ch
filing this form. The Public Truste	e's Office must request t ipt of the figures from the	ive information of the amount due immediately afte that information from the lender or lender's attorne se lender or lender's attorney, the CURE AMOUNT	
Para saber sobre sus opciones de pr para recibir más información sobra s		oteca póngase en contact con las siguentes agencias	
Colorado Foreclosure Hotline (E Adams County Housing Authori		-601-HOPE or 1-877-601-4673 720-295-0111	