

ORDINANCE/RESOLUTION REQUEST

Please email requests to the Mayor's Legislative Team
at MileHighOrdinance@DenverGov.org by NOON on Wednesday.

**All fields must be completed.*
Incomplete request forms will be returned to sender which may cause a delay in processing.*

Date of Request: June 14, 2011

Please mark one: Bill Request or Resolution Request

1. Has your agency submitted this request in the last 12 months?

Yes No

If yes, please explain:

2. **Title:** (Include a concise, one sentence description - include name of company or contractor and contract control number - that clearly indicates the type of request: grant acceptance, contract execution, amendment, municipal code change, supplemental request, etc.)

Approve the following Mayoral reappointments of Johana Mendoza, Grace Lopez Ramirez, Christine Marquez-Hudson, and Michelle Martinez to the Denver Latino -Commission for a term effective immediately and expiring June 1, 2013 and the appointment of Magdalena Aguayo for a term effective immediately and expiring June 1, 2013.

3. **Requesting Agency:** Mayor's Office

4. **Contact Person:** (with actual knowledge of proposed ordinance)

- **Name:** Suzan Moore
- **Phone:** 720-865-9034
- **Email:** Suzan.Moore@denvergov.org

5. **Contact Person:** (with actual knowledge of proposed ordinance who will present the item at Mayor-Council and who will be available for first and second reading, if necessary)

- **Name:** Suzan Moore
- **Phone:** 720-865-9034
- **Email:** Suzan.Moore@denvergov.org

6. **General description of proposed ordinance including contract scope of work if applicable:**

Please include the following:

- a. **Duration:** Term begins immediately and expires June 1, 2013
- b. **Location:**
- c. **Affected Council District:**
- d. **Benefits:**
- e. **Costs:**

7. **Is there any controversy surrounding this ordinance?** (groups or individuals who may have concerns about it?) **Please explain.**

To be completed by Mayor's Legislative Team:

SIRE Tracking Number: _____

Date: _____

Ordinance Request Number: _____

Date: _____