## ORDINANCE/RESOLUTION REQUEST

Please email requests to the Mayor's Legislative Team at MileHighOrdinance@DenverGov.org by 3:00pm on Monday.

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

								·	Da	te of Re	quest: N	May 22, 2012
Please mark one:		☐ Bill Request	or	3	X⊠ Re	solution	Reques	st				
1.	Has your agency s	submitted this request i	in the last 1	12 m	onths?							
	☐ Yes	XX No										
	If yes, please	explain:										
2.	Title: (Include a c - that clearly indica supplemental reque	oncise, one sentence des ates the type of request: est, etc.)	scription – j grant accej	pleas eptanc	e includ e, contr	e <u>name c</u> act execu	of compa ution, an	any or cor nendment	ntractor , munic	and <u>con</u> ipal code	<u>itract coi</u> e change	ntrol number ',
	To approve the effective imme	e Mayoral appointment of diately and expiring on	of Katherine January 1,	ne Aga , 2014	athon to OR unt	the Deniil a succe	ver Asia essor is	n Pacific duly appo	Americ	an Com	mission 1	for a term
3.	Requesting Agenc	y: Mayor's Office										
4.	<ul><li>Name: Antho</li><li>Phone: 720-8</li></ul>			ed ord	linance/	resolutio	n.)					
5.	<ul> <li>will be available for</li> <li>Name: Antho</li> <li>Phone: 720-8</li> <li>Email: antho</li> </ul>	65-9032 ny.aragon@denvergov.c	ng, if neces	ssary.	)					m at Ma	yor-Coui	ncil and who
6.	-	on of proposed ordinar description here.]	ice includii	ing co	ontract	scope or	work II	аррисал	ote:			
		<b>following fields:</b> (Incon – please do not leave bl		ls may	result i	n a delay	y in proc	cessing. Į	f a field	is not a	pplicable	e, please
	a, Contract	Control Number:										
		: Term begins immed	iately and e	expire	es Janua	ry 1, 201	14					
	c. Location											
	T. M.	Council District:										
	e. Benefits: f. Costs:											
7.	Is there any controversy surrounding this ordinance? (Groups or individuals who may have concerns about it?) Please explain.											
	[Start typing h	ere.]										
		-										
												٠.
		То	be complet	ted by	y Mayor	's Legisl	ative Tea	am:				
eп	RE Tracking Numbe	•	•		•	-		Entered: _				

## **BOARDS AND COMMISSIONS APPLICATION**



Please complete the following information in full, attach a cover letter, current resume or biography and return to the address below.

## Type or print in blue or black ink.

Is there anything that would adversely affect public confidence in your appointment or service? Yes No

**Special Information:** 

Return Completed Form to:

Anthony R. Aragon, Director of Boards and Commissions

City and County of Denver Building, Room 350

If yes, please explain on a separate sheet of paper.

Denver, CO 80202 Phone: (720) 865-9032 Fax: (720) 865-8787

anthony.aragon@ci.denver.co.us