

****Please complete the following fields:** (Incomplete fields may result in a delay in processing. If a field is not applicable, please enter N/A for that field.)

- a. **Contract Control Number:** TBD
- b. **Duration:** From date of execution until December 31, 2017.
- c. **Location:** West Iliff north to West Florida within the channel and along the east bank of the river
- d. **Affected Council District:** 7
- e. **Benefits:**
- f. **Costs:**

7. **Is there any controversy surrounding this ordinance?** (Groups or individuals who may have concerns about it?)
Please explain. No

To be completed by Mayor's Legislative Team:

SIRE Tracking Number: _____

Date Entered: _____