## 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.

					Date of Request: Sept 3, 2014
Ple	ease mark one:	<b>⊠</b> Bill Request	or		Resolution Request
1.	Has your agency submitted this request in the last 12 months?				
	☐ Yes	X No			
	If yes, please	explain:			
2. <b>Title:</b> (Include a concise, one sentence description – please include <u>name of company or contractor</u> and <u>contractor</u> and <u>contractor</u> and <u>contractor</u> indicates the type of request: grant acceptance, contract execution, amendment, municipal contractor supplemental request, etc.)					
	Legislative T	ext Amendment to the Der	nver Zoning	g Code	e to create new C-CCN Zone Districts.
3.	Requesting Agency: Community Planning & Development and City Attorney's Office				
4.	Contact Person: (With actual knowledge of proposed ordinance/resolution.) – Please include us both on all correspondence  Name: Kyle Dalton and Sarah Showalter  Phone: 720-865-2972 (Kyle) and 720-865-2923 (Sarah)  Email: kyle.dalton@denvergov.org and sarah.showalter@denvergov.org				
5.	<ul> <li>Contact Person: (With actual knowledge of proposed ordinance/resolution who will present the item at Mayor-Council and who will be available for first and second reading, if necessary.) – Please include us both on all correspondence</li> <li>Name: Kyle Dalton and Sarah Showalter</li> <li>Phone: 720-865-2972 (Kyle) and 720-865-2923 (Sarah)</li> <li>Email: kyle.dalton@denvergov.org and sarah.showalter@denvergov.org</li> </ul>				
6.	General description of proposed ordinance including contract scope of work if applicable:				
	Legislative T	ext Amendment to the Der	nver Zoning	g Code	e to create new C-CCN Zone Districts.
	**Please complet enter N/A for that		complete fie	elds m	ay result in a delay in processing. If a field is not applicable, please
	a. Contrac	t Control Number: n/a			
	b. Duration	n: n/a			
	c. Location	•			
		Council District: all cou	incil distric	ets	
	e. Benefits f. Costs:				
7.	Is there any cont explain. Not that		s ordinance	<b>e?</b> (Gr	oups or individuals who may have concerns about it?) Please
		To b	e completed	d by M	layor's Legislative Team:

SIRE Tracking Number:

Date Entered: