

## ORDINANCE/RESOLUTION REQUEST

Please email requests to the Mayor's Legislative Team  
at [MileHighOrdinance@DenverGov.org](mailto: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: June 27, 2017

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 – please 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.)

To approve the Mayoral appointment of Kevin Quinn to the Denver Health and Hospital Authority Board of Directors for a term effective immediately and expiring June 30, 2022 or until a successor is duly appointed.

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

**4. Contact Person:** (With actual knowledge of proposed ordinance/resolution.)

- **Name:** Barry Burch Jr.
- **Phone:** 720-865-9128
- **Email:** [barry.burch@denvergov.org](mailto:barry.burch@denvergov.org)

**5. 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.)

- **Name:** Barry Burch Jr.
- **Phone:** 720-865-9128
- **Email:** [barry.burch@denvergov.org](mailto:barry.burch@denvergov.org)

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

[Insert general description here.]

**\*\*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 – please do not leave blank.)

- a. **Contract Control Number:**
- b. **Duration:** Term effective immediately and expiring June 30, 2022.
- c. **Location:**
- d. **Affected 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 here.]

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To be completed by Mayor's Legislative Team:

SIRE Tracking Number: RR17 0760

Date Entered: \_\_\_\_\_

Revised 08/16/10