## 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: February 6,	2015
Please mark one:		one:	☐ Bill Request	or	XX Resolution		
1.	Has you	ır agency s	ubmitted this request in	n the last 1:	2 months?		
		Yes	XX No				
	If y	es, please e	explain:				
2.	- that cl	<b>Title:</b> (Include a concise, one sentence description – please include <u>name of company or contractor</u> and <u>contract control number</u> - that clearly indicates the type of request: grant acceptance, contract execution, amendment, municipal code change, supplemental request, etc.)					
	To approve the Mayoral reappointment of Tejaswinhi Srinivas to the Denver Asian Pacific-American Commission for a term effective immediately and expiring January 22, 2017 OR until a successor is duly appointed.						
3.			y: Mayor's Office	<b>7</b>			
4.	<ul> <li>Contact Person: (With actual knowledge of proposed ordinance/resolution.)</li> <li>Name: Anthony Aragon</li> <li>Phone: 720-865-9032</li> <li>Email: anthony.aragon@denvergov.org</li> </ul>						
5.	<u>will be a</u> ■ Nar ■ Pho	<i>vailable for</i> ne: Antho ne: 720-8	<i>r first and second readin</i> ny Aragon	g, if necesso		n who will present the item at Mayor-Council and n	<u>who</u>
6.	General	work if applicable:					
	[Ins	ert general	description here.]				
			f <b>ollowing fields:</b> (Incomp - please do not leave blan		nay result in a delay	in processing. If a field is not applicable, please	
	a.	Contract	Control Number:			•	
		Duration:	Term effective immed	liately and	expiring January 22,	2017	
	_	Location:	Carrail Districts				
	d. e.	Benefits:	Council District:				
		Costs:					
7.	Is there any controversy surrounding this ordinance? (Groups or individuals who may have concerns about it?) Please explain.						
	•	rt typing he	re.l				
	<b>L</b>		,				
			To be	e completea	l by Mayor's Legisla	tive Team:	
SII	RE Trackir	ng Number:				Date Entered:	

## **BOARDS AND COMMISSIONS APPLICATION**



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

Type or print in blue or black ink. Board or Commission you are applying for: Denver Occupation/Employer: City: AL Work/Home Fax: 303-92 City;\_ Cell Phone/ Pager: Home Phone: Home E-mail Address: If so, what county? Are you a registered voter? Colorado ID or Driver's License Number: Ethnicity Denver City Council District No.: Year Completed: 201 Highest Level of Education or Degree Earned: Memberships/Organizations/Volunteer Activities (include past or present): References (List three persons, not related to you, whom you have known at least one year): To Phone Number Address Name 80210 St. 80210, 303-87 Special Information: Is there anything that would adversely affect public confidence in your appointment or service? Yes (No) If yes, please explain on a separate sheet of paper.

Return Completed Form to:

Anthony R. Aragon, Director of Boards and Commissions

1437 Bannock Street, Room 350

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

anthony.aragon@denvergov.org