

BILL/ RESOLUTION REQUEST

- 1. Title:** Approve Fire Department Emergency Response Cost Recovery Program.
- 2. Requesting Agency:** Public Safety
- 3. Contact Person *with actual knowledge of proposed ordinance***
Name:Mel Thompson
Phone:720-913-6445
Email:Mel.Thompson@denvergov.org
- 4. Contact Person *with actual knowledge of proposed ordinance who will present the item at Mayor Council and who will be available for first and second reading, if necessary***
Name:Mel Thompson
Phone:720-913-6445
Email:Mel.Thompson@denvergov.org
- 5. Describe the proposed ordinance, including what the proposed ordinance is intended to accomplish, who's involved**
 - a. Scope of Work**
Creation of a Denver Fire Department emergency services fee for at-fault non-resident drivers who receive emergency response services on State Highways within the City and County of Denver. Billings and collections will be managed through a third party (competitive award).
 - b. Duration**
Ongoing
 - c. Location**
City and County of Denver
 - d. Affected Council District**
All
 - e. Benefits**
The costs of providing Fire Department emergency services to at-fault non-resident drivers are being disproportionately borne by residents of the City and County of Denver.
 - f. Costs**
Cost neutral to City to implement -- fee to non-residents approximately \$400 per hour based on cost recovery of personnel, apparatus, equipment, and other operational costs.
- 6. Is there any controversy surrounding this ordinance, groups or individuals who may have concerns about it? Please explain.**
No.

Bill Request Number:

Date: