

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: 11.13.13

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.)*

AN ORDINANCE ADOPTING CUSTOMER SERVICE STANDARDS FOR CABLE OPERATORS IN THE CITY AND COUNTY OF DENVER

3. **Requesting Agency:** Technology Services – Denver Media Services

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

- **Name:** Darryn Zuehlke
- **Phone:** 720-865-2300
- **Email:** Darryn.Zuehlke@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:** Darryn Zuehlke
- **Phone:** 720-865-2300
- **Email:** Darryn.Zuehlke@denvergov.org

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

Adopting customer service standards that apply to all cable operators which provide service to Denver residents to insure uniform treatment and protection from unfair or unprofessional practices.

****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:** none
- b. **Duration:**
- c. **Location:** CITY WIDE
- d. **Affected Council District:** All Council Districts
- e. **Benefits:** Provides standardized customer treatment requirements for customers
- f. **Costs:** None

7. **Is there any controversy surrounding this ordinance?** *(Groups or individuals who may have concerns about it?)* **Please explain.**

None.

To be completed by Mayor's Legislative Team:

SIRE Tracking Number: _____

Date Entered: _____