ORDINANCE/RESOLUTION REQUEST

Please email requests to Daelene Mix at

daelene.mix@denvergov.org by NOON 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 3, 2011
Please mark one:		X Bill Request or ☐ Resolution Request		
1.	Has your agency submitted this request in the last 12 months?			
	☐ Yes	X No		
	If yes, please exp	ain:		
2.		se, one sentence description – please include <u>name</u> the type of request: grant acceptance, contract exe etc.)		
	Request for an Ordinance to relinquish a certain easement established in the Subdivision Plat Bow-Mar Heights, recorded by Book 41, page 059			
3.	Requesting Agency:	PWDES		
4.	 Contact Person: (With actual knowledge of proposed ordinance/resolution.) Name: Ava Simmons Phone: 720-865-3036 Email: ava.simmons@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: Debra Baca Phone: 720-865-8712 Email: debra.baca@denvergov.org General description of proposed ordinance including contract scope of work if applicable: 			
	Request for Ordinance to relinquish the easement reserved by Subdivision Plat Bow-Mar Heights, Book 41 page 059			
	**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.)			
	a. Contract Co	atrol Number: N/A		
	b. Duration:	Permanent		
	c. Location:	W. Stanford Ave and Quitman St		
	d. Affected Co	ncil District: Dist 2, Councilperson Faatz		
	e. Benefits:	N/A		
	f. Costs: N/A			
7.	Is there any controversy surrounding this ordinance? (Groups or individuals who may have concerns about it?) Please explain.			
	No			
		To be completed by Mayor's Legis	 slative Team:	
SIF	RE Tracking Number:	, , , ,	Date Entered:	