

## ORDINANCE/RESOLUTION REQUEST

Please email requests to the Mayor's Legislative Team  
at [MileHighOrdinance@DenverGov.org](mailto:MileHighOrdinance@DenverGov.org) by **9:00am on Friday**.

**\*All fields must be completed.\***

*Incomplete request forms will be returned to sender which may cause a delay in processing.*

Date of Request: March 29, 2024

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 confirm the Mayoral reappointments of the following individuals to the Denver Urban Renewal Authority (DURA) for 5 years.

### REAPPOINTMENT CANDIDATES

Angela Bricmont (F) (H) – for a term 04/04/24 – 04/03/29 or until a successor is duly appointed.

Robert “Bob” Lee (M) (C)- for a term 04/04/24 – 04/03/29 or until a successor is duly appointed.

3. **Requesting Agency:** Mayor's Office of Boards and Commissions

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

- **Name:** Esther Lee Leach
- **Phone:** 720-403-0756
- **Email:** [esther.leeleach@denvergov.org](mailto:esther.leeleach@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:** Esther Lee Leach
- **Phone:** 720-403-0756
- **Email:** [esther.leeleach@denvergov.org](mailto:esther.leeleach@denvergov.org)

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

Reappointments to the Denver Urban Renewal Authority (DURA)

**\*\*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:** N/A
- b. **Duration:** 04/04/24 – 04/03/29
- c. **Location:** N/A
- d. **Affected Council District:** N/A
- e. **Benefits:** N/A

To be completed by Mayor's Legislative Team:

SIRE Tracking Number: \_\_\_\_\_

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

f. **Costs:** N/A

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

None

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*To be completed by Mayor's Legislative Team:*

SIRE Tracking Number: \_\_\_\_\_

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