

## **BILL/ RESOLUTION REQUEST**

**1. Title:** Approves an agreement between Denver Public Health and Denver Health & Hospital Authority regarding collection of data on marijuana impacts.

**2. Requesting Agency:**

**3. Contact Person *with actual knowledge of proposed ordinance***

**Name:**

**Phone:**

**Email:**

**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:**

**Phone:**

**Email:**

**5. Describe the proposed ordinance, including what the proposed ordinance is intended to accomplish, who's involved**

**a. Scope of Work**

**b. Duration**

**c. Location**

**d. Affected Council District**

**e. Benefits**

**f. Costs**

**6. Is there any controversy surrounding this ordinance, groups or individuals who may have concerns about it? Please explain.**