ORDINANCE/RESOLUTION REQUEST

All fields must be completed.
Incomplete request forms will be returned to sender which may cause a delay in processing.

Date of Request: <u>July 15, 2011</u>

Please mark one: ☐ **Bill Request**   **or**   X **Resolution Request**

1. **Has your agency submitted this request in the last 12 months?**

   ☐ **Yes**   X **No**

   If yes, please explain:

2. **Title:** *(Include a concise, one sentence description – please include <u>name of company or contractor</u> and <u>contract control number</u> - that clearly indicates the type of request: grant acceptance, contract execution, amendment, municipal code change, supplemental request, etc.)*

   This request is to dedicate a parcel of land as Public Right of Way as 3459 Ringsby Ct

3. **Requesting Agency:** PW Right of Way Engineering

4. **Contact Person:** (W*ith actual knowledge of proposed ordinance/resolution.)*
   - **Name:** Ava Simmons
   - **Phone:** 720-865-3036
   - **Email:** ava.simmons@denvergov.org

5. **Contact Person:** (W*ith actual knowledge of proposed ordinance/resolution <u>who will present the item at Mayor-Council and who will be available for first and second reading, if necessary.</u>)*
   - **Name:** Debra Baca
   - **Phone:** 720-865-8712
   - **Email:** debra.baca@denvergov.org

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

   Request for a Resolution for laying out, opening and establishing certain real property as part of the system of thoroughfares of the municipality; i.e. as Ringsby Ct.

   ***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 Control Number:** N/A
   b. **Duration:** permanent
   c. **Location:** 3459 Ringsby Ct.
   d. **Affected Council District:** District #9 Montero
   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.**

   None

To be completed by Mayor's Legislative Team:

SIRE Tracking Number: _____   Date Entered: _____