

**ORDINANCE/RESOLUTION REQUEST**

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

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

**Date of Request: July 30, 2010**

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 - 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.)*

Approve the Mayoral appointments of Kathryn Arbour, Luci Drayer to the Denver Commission on Aging for a term effective immediately and expiring on August 31, 2011 and the Mayoral appointments of Amanda Gregg and Colette LaFosse for a term effective immediately and expiring 8-31-3012.

**3. Requesting Agency:** Mayor's Office

**4. Contact Person:** *(with actual knowledge of proposed ordinance)*

- **Name:** Suzan Moore
- **Phone:** 720-865-9034
- **Email:** [suzan.moore@denvergov.org](mailto:suzan.moore@denvergov.org)

**5. 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:** Suzan Moore
- **Phone:** 720-865-9034
- **Email:** [suzan.moore@denvergov.org](mailto:suzan.moore@denvergov.org)

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

*Please include the following:*

- a. **Duration:** terms effective immediately and expiring August 31, 2011 and August 31, 2012.
- b. **Location:**
- c. **Affected Council District:**
- d. **Benefits:**
- e. **Costs:**

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

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

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

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

Ordinance Request Number: \_\_\_\_\_

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