## ORDINANCE/RESOLUTION REQUEST

Please email requests to the Mayor's Legislative Team at <a href="MileHighOrdinance@DenverGov.org">MileHighOrdinance@DenverGov.org</a> by 3:00pm on <a href="Monday.">Monday</a>.

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

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

		Date of Request: January 13, 201	
Ple	ease mark one:	Bill Request or XX Resolution Request	
1.	Has your agency su	abmitted this request in the last 12 months?	
	☐ Yes	XX No	
	If yes, please ex	plain:	
2.		ncise, one sentence description – please include <u>name of company or contractor</u> and <u>contract control number</u> es the type of request: grant acceptance, contract execution, amendment, municipal code change, t, etc.)	
		Mayoral appointment of Patrick Teegarden to the Stapleton Development Corporation Board of Directors for immediately and expiring June 30, 2018 OR until a successor is duly appointed.	
3.	Requesting Agency: Mayor's Office		
4.	<ul><li>Name: Anthon</li><li>Phone: 720-86</li></ul>		
5.	Contact Person: (Wwill be available for Name: Anthon Phone: 720-86	ith actual knowledge of proposed ordinance/resolution <u>who will present the item at Mayor-Council and who first and second reading, if necessary.)</u> by Aragon	
6.	6. General description of proposed ordinance including contract scope of work if applicable:		
	[Insert general d	escription here.]	
		llowing fields: (Incomplete fields may result in a delay in processing. If a field is not applicable, please please do not leave blank.)	
	a. Contract C	ontrol Number:	
	b. Duration:	Term effective immediately and expires June 30, 2018	
	c. Location:		
		ouncil District:	
	e. Benefits:		
	f. Costs:		
7.	Is there any controvexplain.	versy surrounding this ordinance? (Groups or individuals who may have concerns about it?) Please	
	[Start typing her	e.]	
	,		
		To be completed by Mayor's Legislative Team:	
SIE	RE Tracking Number	Date Entered:	

## **BOARDS AND COMMISSIONS APPLICATION**



Please complete the following information in full and return with your current resume or biography to the address below.

Type or print in blue or black ink.

et /t a / to all otion			
Board or Commission you are applying for: 5taple ton Development Corp. Bol. of Dit 5			
Last Name: Tegarden First Name: Patrick			
Occupation/Employer State of Colorado - Dept. of Labor + Employment			
Work Address: 633 17th St., suite 1200 City: Denver Zip: 80302			
Work E-mail Address: patrick-teegarden@state.co.us			
Work Phone: (303)3/8-80/9 Work/Home Fax:			
Home Address: 2760 Vinta St. City: Denver Zip: 80238			
Home Phone: (303) 474 4232 Cell Phone/ Pager: 303 908-0866			
Home E-mail Address: pte egarden @ mac.com			
Are you a registered voter? Yes No If so, what county? Denver			
Colorado ID or Driver's License Number: 92-229-772/			
Denver City Council District No.: Ethnicity			
Highest Level of Education or Degree Earned: Dun Year Completed: 1993			
Memberships/ Organizations/ Volunteer Activities (include past or present):			
Stapleton Citizens Advisory Board (CAB)			
Colorado State Land Board			
Sand Creek Greenway Board			
References (List three persons, not related to you, whom you have known at least one year):			
Name Address Phone Number			
Kevin Marchman 720-361-8664			
Happy Haynes 303-653-2022			
M; Ke Dino 303-594-8818			
Special Information:			
Is there anything that would adversely affect public confidence in your appointment or service? Yes No			
If yes, please explain on a separate sheet of paper.			
T Padiah 8000 da 1/2/15			
Signature Date			
Return Completed Form to:			
Anthony R. Aragon, Director of Boards and Commissions			
1437 Bannock Street, Room 350			

Fax: (720) 865-8787

Denver, CO 80202 Phone: (720) 865-9032

anthony.aragon@denvergov.org