

ORDINANCE/RESOLUTION REQUEST

Please email requests to the Mayor’s Legislative Team
at MileHighOrdinance@DenverGov.org by **3:00pm on Monday**.

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

Date of Request: April 7, 2022

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.)*

The approval of the Mayoral appointments of the following individuals to the Denver American Indian Commission:

Raven Payment, Castle Rock (F)(NA) for a term expiring July 11, 2024, appointed;

Dallin Maybee, Longmont (F)(NA) for a term expiring July 11, 2024, appointed;
Shannon Subryan, Lakewood (F)(NA) for a term expiring July 11, 2025, appointed;

Carla Respects Nothing, Denver (F)(NA) for a term expiring July 11, 2025, appointed.

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

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

- **Name:** Romaine Pacheco
- **Phone:** 720.865.9085
- **Email:** romaine.pacheco@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:** Romaine Pacheco
- **Phone:** 720.849.7935
- **Email:** romaine.pacheco@denvergov.org

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

***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:**
- b. Duration:**
- c. Location:**
- d. Affected Council District:**
- e. Benefits:**

To be completed by Mayor’s Legislative Team:

SIRE Tracking Number: _____

Date Entered: _____

f. Costs:

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

To be completed by Mayor's Legislative Team:

SIRE Tracking Number: _____

Date Entered: _____