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:
Ple	ease mark one:	x□ Bill Request	or	☐ Resolution Request
1.	Has your agency	submitted this request in t	he last 12 montl	hs?
	☐ Yes	x No		
	If yes, please	explain:		
2.		rates the type of request: gra		clude <u>name of company or contractor</u> and <u>contract control number</u> ontract execution, amendment, municipal code change,
		ransfer of \$7.66 million in execution and a constant control of \$7.66 million in execution and the control of \$7.60 million in execution and the control of \$7.6		evy funds from the liabilities and claims special revenue fund the General Fund.
3.	Requesting Agen	cy: Finance/BMO		
4.	 Contact Person: (With actual knowledge of proposed ordinance/resolution.) Name: Ed Scholz Phone: 720-913-5522 Email: Edward.scholz@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: Same Phone: Email: 			
6.	General descripti	on of proposed ordinance	including contr	act scope of work if applicable:
	**Please complete enter N/A for that		mplete fields may	y result in a delay in processing. If a field is not applicable, please
	a. Contract	Control Number: N/A		
	b. Duration	: N/A		
	c. Location			
		Council District: All		
	e. Benefits:			
	f. Costs:			
7.	Is there any contre explain. None	roversy surrounding this o	rdinance? (Groi	ups or individuals who may have concerns about it?) Please
		To be d	completed by Ma	yor's Legislative Team:
SII	RE Tracking Numbe	r:	_	Date Entered: