ORDINANCE/RESOLUTION REQUEST

Please email requests to the Mayor's Legislative Team at MileHighOrdinance@DenverGov.org by NOON on Wednesday.

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

				Date of Request: July 27, 2010	
Ple	ease mark one:	⊠ Bill Request	or	☐ Resolution Request	
1.	Has your ager	Has your agency submitted this request in the last 12 months?			
	☐ Yes	⊠ No			
	If yes, ple	ase explain:			
2.	Title: (Include a concise, one sentence description that clearly indicates the type of request – name of company or contractor, contract control number, grant acceptance, contract execution, municipal code change, supplemental request, etc.)				
dea		an Ordinance approving an a funding option for DROP fu		to the Denver Old Hire Police Pension plan which removes the 30 day	
3.	Requesting Ag	gency: City Attorney's Offic	ce		
4.	 Contact Person: (with actual knowledge of proposed ordinance) Name: Max Taylor Phone: 720-913-8034 Email: max.taylor@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: Max Taylor Phone: 720-913-8034 Email: max.taylor@denvergov.org 				
6. General description of proposed ordinance including contract scope of work if applicable:				ng contract scope of work if applicable:	
DR				nsion plan to allow for individuals who leave the City after completing tment options for their DROP funds.	
	Please include the following: a. Duration: perpetual				
	b. Locat	ion: none			
	c. Affected Council District: none				
	d. Benef	its: none			
	e. Costs	: none			
7.	Is there any controversy surrounding this ordinance? (groups or individuals who may have concerns about it?) Please explain.				
	No				
		То	be completed	ed by Mayor's Legislative Team:	
SIRE Tracking Number:				Date:	
Ordinance Request Number:				Date:	