

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: February 2, 2018

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.)*

To approve the Mayoral reappointments of Sam DeLeo, Sharron Williams, and Maureen Spiegleman to the Denver Commission on Aging for terms effective immediately and expiring August 31, 2019, or until a successor is duly appointed.

3. Requesting Agency: Mayor’s Office

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

- **Name:** Barry Burch Jr.
- **Phone:** 720-865-9128
- **Email:** barry.burch@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:** Barry Burch Jr.
- **Phone:** 720-865-9128
- **Email:** barry.burch@denvergov.org

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

[Insert general description here.]

****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:** Terms effective immediately and expiring August 31, 2019.
- c. Location:**
- d. Affected Council District:**
- e. Benefits:**
- f. Costs:**

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

[Start typing here.]

To be completed by Mayor’s Legislative Team:

SIRE Tracking Number: RR18 0147

Date Entered: _____