## 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.

					thinks we see that the second of the second					
			-		Date of Request: January 28, 2013					
Please mark one:		☐ Bill Request	or	XX Re	solution Request					
1.	Has your agency submitted this request in the last 12 months?									
	☐ Yes	XX No			·					
	If yes, please e	explain:								
2.		ites the type of request: g			e <u>name of company or contractor</u> and <u>contract control number</u> act execution, amendment, municipal code change,					
	To approve the Mayoral appointment of Makisha Boothe to the Community Corrections Board for a term effective immediately and expiring June 30, 2014 OR until a successor is duly appointed.									
3.	Requesting Agency	y: Mayor's Office								
4.	■ Name: Antho ■ Phone: 720-8			l ordinance/r	esolution.)					
5.	<ul><li>will be available for</li><li>Name: Antho</li><li>Phone: 720-8</li></ul>	<i>r first and second readin</i> ony Aragon	ng, if necess		esolution <u>who will present the item at Mayor-Council and who</u>					
6.	General description	on of proposed ordinan	ce includin	g contract s	cope of work if applicable:					
	[Insert general	description here.]								
		<b>following fields:</b> (Incom please do not leave bla		may result ir	a a delay in processing. If a field is not applicable, please					
	a. Contract	Control Number:								
		Term effective imme	diately and	expiring Jun	e 30, 2014					
	c. Location:	Council District:								
	d. Affected 6 e. Benefits:	Council District:								
	f. Costs:									
7.	Is there any contro	oversy surrounding thi	s ordinanc	e? (Groups o	or individuals who may have concerns about it?) Please					
	[Start typing he	ere.]								
				•						
		To 1	he complete	ed by Mayor'	s Legislative Team:					
ciri	RE Tracking Number		compicie	w cy mayor i	Date Entered:					
	и жиго гунивает				Date Emercy.					

## **BOARDS AND COMMISSIONS APPLICATION**



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

## Type or print in blue or black ink.

Board or Commission you are	e applying for:(	Commu	nity Correction	ons Bo	ard							
Last Name: Boothe First Name: Makisha												
Occupation/Employer: _Denv	ver Public School	<u>s</u>				<u></u>						
Work Address: _900 Grant S	Street_	City: _	<u>Denver</u>		_Zip: _ <u>80203</u>							
Work E-mail Address: _makisha_boothe@dpsk12.org												
Work Phone: _720-423-2580												
Home Address: 20340 E	40 <sup>th</sup>	City: _	Denver	Zip: _	80249_	_						
Home Phone:	We man	_ Cell P	hone/ Pager:	720-9	40-8321 (preferre	<u>ed)</u>						
Home E-mail Address:m												
Are you a registered voter?	Yes No	If so, v	what county?	D	enver_							
Denver City Council District No.:11 Ethnicity Black												
Highest Level of Education of	or Degree Earned:	<u>B.A</u>	Political	Scienc	e_Year Complete	ed: <u>2002</u>						
Memberships/ Organizations	/ Volunteer Activ	ities (inc	lude past or	presen	nt):							
Delta Sigma Theta, CBWPA Talented Association, Black			Women, Der	nver D	emocrats, Colora	do Gifted and						
References (List three person Name	ns, not related to y Addr		m you have l		at least one year) Phone Number	):						
Peter Groff	Woodbridge,	VA			303-601-0510							
Mike Johnston	The Colorado	State Ca	pitol		<u> 720-838-7633                                    </u>							
Elbra Wedgeworth	reet MC 0278 303			303-602-4963_								
Special Information: Is there anything that would If yes, please explain on a s						vice? Yes No						
Mulish & Broth				1.14.2013								
D.4		ignatur	e		Da	ıte						
Return Completed Form to Anthony R. Aragon, Director	יי. r of Boards and C	ommiss	ions									

1437 Bannock Street, Room 350

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

Fax: (720) 865-8787

anthony.aragon@denvergov.org