

ORDINANCE/RESOLUTION REQUEST

Please email requests to the Mayor's Legislative Team

at MileHighOrdinance@DenverGov.org by 9 a.m. Friday. Contact the Mayor's Legislative team with questions

Date of Request: 8/21/2025

Please mark one: ☐ Bill Request or ☒ Resolution Request

Please mark one: The request directly impacts developments, projects, contracts, resolutions, or bills that involve property and impact within .5 miles of the South Platte River from Denver's northern to southern boundary? (Check map [HERE](#))

☐ Yes ☒ No

1. Type of Request:

☐ Contract/Grant Agreement ☐ Intergovernmental Agreement (IGA) ☐ Rezoning/Text Amendment

☐ Dedication/Vacation ☐ Appropriation/Supplemental ☐ DRMC Change

☒ Other: Boards & Commissions Re/Appointments

2. **Title:** (Start with *approves*, *amends*, *dedicates*, etc., include name of company or contractor and indicate the type of request: grant acceptance, contract execution, contract amendment, municipal code change, supplemental request, etc.)

Approves the Mayor's appointment to the Denver Downtown Development Authority. Approves the Mayor's appointment of Patty Salazar to the Denver Downtown Development Authority for a term from 10-01-2025 through 8-31-2029 or until a successor is duly appointed, citywide.

3. **Requesting Agency:** Mayor's Office

4. Contact Person:

Contact person with knowledge of proposed ordinance/resolution (e.g., subject matter expert)	Contact person for council members or mayor-council
Name: Esther Lee Leach	Name: Esther Lee Leach
Email: esther.leeleach@denvergov.org	Email: esther.leeleach@denvergov.org

5. **General description or background of proposed request. Attach executive summary if more space needed:** (who, what, why)

Appointment to *Denver Downtown Development Authority*

6. **City Attorney assigned to this request (if applicable):** N/A

7. **City Council District:** Citywide

8. ****For all contracts, fill out and submit accompanying Key Contract Terms worksheet****

To be completed by Mayor's Legislative Team:

Resolution/Bill Number: _____

Date Entered: _____