## ORDINANCE/RESOLUTION REQUEST

Please email requests to the Mayor's Legislative Team at <a href="MileHighOrdinance@DenverGov.org">MileHighOrdinance@DenverGov.org</a> by 3:00pm on <a href="Monday.">Monday</a>.

\*All fields must be completed.\*

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

							D	ate of Requ	est: Februa	ry 20, 2015
PI	ease mark one:	☐ Bill Request	or	X X	ℤ Re	esolution Re	quest			
1.	Has your agency s	ubmitted this request in	the last 1	2 mont	ths?					
	☐ Yes	XX No								
	If yes, please e	explain:								
2.	Title: (Include a co- that clearly indica supplemental reque	oncise, one sentence descr ates the type of request: gr st, etc.)	ription – pi ant accept	lease in ance, c	nclud contr	le <u>name of co</u> act execution	ompany or cont n, amendment,	<u>ractor</u> and <u>c</u> municipal co	contract cont ode change,	rol number
	To approve the and expiring or	Mayoral appointment of a January 1, 2017 or until	Chy Monte a successo	oya to t r is dul	the D	Denver Latino pointed.	o Commission	for a term ef	fective imme	ediately
3.	Requesting Agency	y: Mayor's Office								
4.	<ul><li>Name: Anthor</li><li>Phone: 720-86</li></ul>		•	ordina	nce/r	resolution.)				
5.	<ul><li>will be available for</li><li>Name: Anthon</li><li>Phone: 720-86</li></ul>		if necessa	ordinan <u>iry</u> .)	ıce/re	esolution <u>who</u>	o will present t	<u>he item at M</u>	layor-Counc	i <u>l and who</u>
6.	General description	n of proposed ordinance	including	contra	act s	cope of worl	k if applicable	<b>::</b>		
	[Insert general of	description here.]								
** <b>!</b> ent	<b>Please complete the f</b> oer N/A for that field –	<b>ollowing fields:</b> (Incomple please do not leave blank	ete fields m :.)	iay resi	ult in	ı a delay in p	rocessing. If a	ı field is not d	applicable, p	olease
	a. Contract C	Control Number:								
	b. Duration:	Term effective immedia	ately and e	xpiring	g Jan	uary 1, 2017				
	c. Location: d. Affected C	ouncil District:								
	e. Benefits:	ounch District.								
	f. Costs:									
7.	Is there any controvexplain.	versy surrounding this o	rdinance?	(Grou	ups o	r individuals	who may have	concerns at	bout it?) Ple	ase
	[Start typing her	·e.]								
	A 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	To be c	completed	by Mar	vor's	Legislative T	Геат:			
IR	E Tracking Number:	10 00 0	Pictori	- ,			Entarad:			

## **BOARDS AND COMMISSIONS APPLICATION**



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

## Type or print in blue or black ink.

Board or Commission	you are app	olying for:	Denver Latino Commission
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Last Name: Montoya First Name: Chajito (Chy)

Occupation/Employer: City & County of Denver, Denver City Council, District 8

Work Address: 2855 Tremont Pl., Ste. 201 City: Denver Zip: 80205

Work E-mail Address: Chy.Montoya@denvergov.org

Work Phone: (720) 337-8882 Work/Home Fax: (720) 337-8883

Home Address: 1755 W. 51<sup>st</sup> Avenue City: Denver Zip: 80221

Home Phone: (720) 422-1720 Cell Phone/ Pager: (720) 422-1720

Home E-mail Address: cmontoyasanchez@gmail.com

Are you a registered voter? Yes No If so, what county? Denver

Colorado ID or Driver's License Number: 94-276-0084/Colorado

Denver City Council District No.: 9 Ethnicity: <u>Hispanic</u>

Highest Level of Education or Degree Earned: In the MPA Program at CU Denver

Year Completed: In School Now - Anticipated Graduation Date, Fall 2014

Memberships/ Organizations/ Volunteer Activities (include past or present):

Please see resume, accompanying my application.

References (List three persons, not related to you, whom you have known at least one year):

Name

Address

Phone Number

Councilman Albus Brooks 2855 Tremont Pl., Ste. 201, Denver, CO (720) 220-4632

Rudy Gonzales 4055 Tejon St., Denver, CO (303) 458-5851

<u>Chris Martinez</u> 14774 March Dr., Denver, CO (303) 373-5311

## Special Information:

Is there anything that would adversely affect public confidence in your appointment or service? Yes **No** If yes, please explain on a separate sheet of paper.

Signature Date

**Return Completed Form to:** 

Anthony R. Aragon, Director of Boards and Commissions

1437 Bannock Street, Room 350

Denver, CO 80202 Phone: (720) 865-9032 Fax: (720) 865-8787

anthony.aragon@denvergov.org