## **BILL/ RESOLUTION REQUEST**

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1.	<b>Title:</b> A proclamation in support of the Globeville and Elyria Swansea Health Impact Assessment (HIA)
2.	Requesting Agency: City Council
3.	Contact Person with actual knowledge of proposed ordinance Name:Montero - gtw Phone: Email:
4.	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: Phone: Email:
5.	Describe the proposed ordinance, including what the proposed ordinance is intended to accomplish, who's involved a. Scope of Work
	b. Duration
	c. Location
	d. Affected Council District
	e. Benefits
	f. Costs
6.	Is there any controversy surrounding this ordinance, groups or individuals who may have concerns about it? Please explain.

Bill Request Number: CP14-0834 Date: 9/25/2014