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 1	Request	t: Decei	mber 18	, 2014
Ple	ease mai	rk one:	Bill Reques	t	or	XΧ	R	tesolution Req	uest					
1.	Has yo	our agency s	ubmitted this requ	est in th	ie last 12	e montl	hs?	•						
] Yes	XX No											
	If	yes, please e	explain:											
2.	Title: (Include a concise, one sentence description – please include <u>name of company or contractor</u> and <u>contract control numb</u> - that clearly indicates the type of request: grant acceptance, contract execution, amendment, municipal code change, supplemental request, etc.)							<u>umber</u>						
		To approve the Mayoral appointment of Jackie King to the Denver Commission for People with Disabilities for a term effective immediately and expiring on September 30, 2016 OR until a successor is duly appointed.												
3.	Requesting Agency: Mayor's Office													
4.	Contact Person: (With actual knowledge of proposed ordinance/resolution.) Name: Anthony Aragon Phone: 720-865-9032 Email: anthony.aragon@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: Anthony Aragon Phone: 720-865-9032 Email: anthony.aragon@denvergov.org 													
6.	Genera	al descriptio	n of proposed ordi	inance ir	ncluding	contra	act	scope of work	c if applica	able:				
	[In	sert general	description here.]											
			iollowing fields: (In - please do not leave			ıay resı	ult	in a delay in pr	rocessing.	If a field	l is not d	applicabl	le, pleas	e
	a.	Contract (Control Number:											٠
	b.	Duration:	Term effective in	nmediate	ely and e	xpiring	g Se	eptember 30, 20	016					
	c.	Location:	N											
	d. e.	Benefits:	Council District:											
	f.	Costs:												
7.	Is there		versy surrounding	g this ore	dinance	? (Grou	ups	or individuals	who may	have con	cerns ab	oout it?)	Please	
	_	art typing he	re.]											
				To be co	mpleted	by May	yor	's Legislative T	Team:					
SIR	E Track	ing Number:						Date	e Entered:					

BOARDS AND COMMISSIONS APPLICATION

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

Type or print in blue or black ink.

Board or Commission you are applying for:	Commission	n on the	Disabled				
Last Name: King	First Name: Ja	ackie					
Occupation/Employer: Faculty @Co	ommunity C	College o	of Denver				
Work Address: P.O. Box 17336							
Work E-mail Address: Jackie.king							
Work Phone: 303-352-4019	and the second s	303-556	6-2174				
Home Address: 318 Walnut #W116							
Home Phone:	Cell Phone/ Pag	_{ger:} 720-3	81-3314				
Home E-mail Address:							
Are you a registered voter? Yes No If so, what county?							
Denver City Council District No.:			aucasian				
Highest Level of Education or Degree Earned							
Memberships/ Organizations/ Volunteer Activities (include past or present):							
Denver Field Ornithologis	sts (current)	· 				
Registry of Interpreters for	or the Deaf	(past)					
American Council of the	Blind (past))					

Page 1 of 2

Application Form

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

Name
Address
Phone Number

Brenda Garrison P.O. Box 173363 303-352-3191

Brad Sullivan Denver, CO 303-217-6543

Anita Schervish 80217 720-840-7738

Special Information:

Is there anything that would adversely affect public confidence in your appointment or service?

Yes No ✓

If yes, please explain:

,	12/11/2014
Signature	 Date

Return Completed Form to:

Ed Neuberg Denver Office of Disability Rights (DODR) 201 W. Colfax Avenue, Dept. 1102, 12th floor Denver, CO 80202 (720) 913-8485 edward.neuberg@denvergov.org