

ORDINANCE/RESOLUTION REQUEST

**Please email requests to the Mayor's Legislative Team
at MileHighOrdinance@DenverGov.org by NOON on Tuesday.**

****All fields must be completed.****
Incomplete request forms will be returned to sender which may cause a delay in processing.

Date of Request: May 31, 2011

Please mark one: Bill Request or Resolution Request

1. Has your agency submitted this request in the last 12 months?

Yes No

If yes, please explain:

2. Title: *(Include a concise, one sentence description - include name of company or contractor and contract control number - that clearly indicates the type of request: grant acceptance, contract execution, amendment, municipal code change, supplemental request, etc.)*

Approve the Mayoral reappointments of Muriel Arvay to the Denver Commission on Aging for a term effective immediately and expiring on August 31, 2013 and the Mayoral appointment of Michelle Esquibel, Judith Hrdlicka, Mary Ann May, Melba "Jean" Richards and Vivian Stovall for a term effective immediately and expiring August 31, 2013.

3. Requesting Agency: Mayor's Office

4. Contact Person: *(with actual knowledge of proposed ordinance)*

- **Name:** Suzan Moore
- **Phone:** 720-865-9034
- **Email:** suzan.moore@denvergov.org

5. 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:** Suzan Moore
- **Phone:** 720-865-9034
- **Email:** suzan.moore@denvergov.org

6. General description of proposed ordinance including contract scope of work if applicable:

Please include the following:

- a. **Duration:** terms effective immediately and expiring August 31, 2013.
- b. **Location:**
- c. **Affected Council District:**
- d. **Benefits:**
- e. **Costs:**

7. Is there any controversy surrounding this ordinance? (groups or individuals who may have concerns about it?) **Please explain.**

To be completed by Mayor's Legislative Team:

SIRE Tracking Number: _____

Date: _____

Ordinance Request Number: _____

Date: _____