## **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.

											Dat	e of F	Requ	est: J	Janua	ary 2	28, 2	014
Ple	ase mark one:	☐ Bill Request	or	XX	Re	esolu	tion	n Re	quest	t								
1.	Has your agency s	ubmitted this request in	n the last 12	month	hs?													
	☐ Yes	XX No																
	If yes, please e	xplain:																
2.		oncise, one sentence desc tes the type of request: g st, etc.)														<u>itrol i</u>	num	<u>ber</u>
		Mayoral appointment o immediately and expirir												ment	Distr	rict fo	or	
3.	Requesting Agency	y: Mayor's Office																
4.	<ul> <li>Name: Antho</li> <li>Phone: 720-86</li> </ul>		· · ·	ordinan	ıce/r	resol	utio	on.)										
5.	will be available for ■ Name: Antho ■ Phone: 720-86		g, if necessa		ce/r	esolu	utior	n <u>wh</u>	io wili	l presei	nt the	<u>item a</u>	at Mo	<u>tyor-(</u>	<u>Coun</u>	cil a	<u>nd и</u>	<u>vho</u>
6.	General descriptio	n of proposed ordinand	ce including	contra	act s	scope	e of	wor	rk if a	pplica	ble:							
	[Insert general	description here.]																
		<b>following fields:</b> (Incomp please do not leave bla		nay resi	ult ii	n a d	lelay	y in p	proce.	ssing.	If a fi	eld is	not a	ipplic	cable,	plea	ise	
		Control Number:																
		Terms effective imme	ediately and	expirin	g D	ecem	ıber	r 31,	2016	i								
	c. Location: d. Affected (	Council District:																
	e. Benefits:	council District.																
	f. Costs:																	
7.	Is there any contro	oversy surrounding this	s ordinance	? (Grou	ups o	or inc	divi	idual.	ls who	o may h	ave c	onceri	ns ab	out i	t?) P	Please	e	
	[Start typing he	ere.]																
_		To b	e completed	by May	yor'	's Leg	gislo	ative	e Tean	n:								
SII	RE Tracking Number	;						Da	ite En	tered:								

## **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.

		r: <u> Nowu 7o w                                </u>	
Occupation/Employer:	PROPERTY M	MANAGEMENT /JO	NES LANG LASA
Work Address: <u>ر د د ر</u>	5 177H ST	- #1900 City: <u>DENVE</u>	<u> R Zip: 80202</u>
Work E-mail Address:	Connie . on	nucray Cam-ji	1.com
Work Phone: <u>303-</u>	260-6534	Work/Home Fax:30_	3.260-6501
Home Address: 176)	8 WILD 57A	R WY City: PASTEE RE	<u>∞c≮</u> Zip: <u>8-010⊀</u>
Home Phone:		Cell Phone/ Pager:	
and the second residual and the second s		mucray@gmai	
		If so, what county?	
Denver City Council Di	istrict No.:	Ethnicity (Opt	ional)
Highest Level of Educa	ntion or Degree Ear	ned: Some Cours	Year Completed: 1977
	MONEY CONTRACTOR OF A SECOND CONTRACTOR OF A	Activities (include past or pres	
		remarries furcings hast or bres	<del>vav</del> e peese en partie 2 de 2 Se de 2
SEE ATTACH	<u>16.D</u>		
References (List three p Name	ersons, not related A	to you, whom you have know Address	Phone Number
MYRA NAPOLI	1801	CALIFORNIA	<u> 303-382-84</u> 0
	This is a single of the confidence of the state of the confidence	PRISTONE , CS/CO	<u>719-659-104</u> 8
PAUL SCHLOF	F 122	5 174 ST #1900	303-240-6500
Special Information:	MAN 122	5 174 ST #1900	- 303-260-6500
Is there anything that w	ould adversely affo	ect public confidence in your	appointment or service? Yes
If yes, please explain o	on a separate shee		
		( onne OMuri	as 1-9-14
			Date
Return Completed Fo	rm to:	Signature	
Return Completed Fo Downtown Denv	ver Business	Signature Improvement Pistra	
Return Completed Fo	ver Business Suite 200	Signature Improvement Pistra	