

ORDINANCE/RESOLUTION REQUEST

Please email requests to the Mayor's Legislative Team

at MileHighOrdinance@DenverGov.org by 9 a.m. Friday. Contact the Mayor's Legislative team with questions

Date of Request: **06-05-2026**

1. Please mark one: ☐ Bill Request or ☒ Resolution Request
2. Does this request directly impact property within .5 miles of the South Platte River (Check map [HERE](#)) ☐ Yes ☒ No
3. Does this item fall under XO 66 (Prop 123) requiring it to skip Mayor-Council ☐ Yes ☒ No
4. Do you need to request a Waiver Request for this item ☐ Yes ☒ No
5. Type of Request:
- ☐ Contract/Grant Agreement ☐ Intergovernmental Agreement (IGA) ☐ Rezoning/Text Amendment
- ☐ Dedication/Vacation ☐ Appropriation/Supplemental ☐ DRMC Change
- ☒ Other: Boards & Commissions Re/Appointments
6. **Title:** (Start with approves, amends, dedicates, etc., include name of company or contractor and indicate the type of request: grant acceptance, contract execution, contract amendment, municipal code change, supplemental request, etc.)
- Approves the Mayor's appointment to the Denver Commission on Aging. Approves the Mayor's appointment of Riaz Qureshi to the Denver Commission on Aging for a term from 06-01-2026 through 06-01-2029 or until a successor is duly appointed, citywide.
7. **Requesting Agency:** Mayor's Office
8. **Contact Person:**
- | | |
|--|---|
| Contact person with knowledge of proposed ordinance/resolution (e.g., subject matter expert) | Contact person for council members or mayor-council |
| Name: Millie Barsallo Rubio | Name: Millie Barsallo Rubio |
| Email: milagros.barsallo@denvergov.org | Email: milagros.barsallo@denvergov.org |
9. **General description or background. Attach executive summary if more space needed:** (who, what, why)
- Denver Commission on Aging
10. **City Attorney assigned to this request (if applicable):** N/A
11. **City Council District:** Citywide
- **For all contracts, fill out and submit accompanying Key Contract Terms worksheet****

To be completed by Mayor's Legislative Team:

Resolution/Bill Number: _____

Date Entered: _____