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.

			•	······································	ate of Request: September 18, , 2013
Ple	ease mark one:	Bill Request	or	XX Resolution Request	200 01 100 queen 20 pro
1.	Has your agency s	ubmitted this request i	n the last 1	2 months?	
	Yes	X⊠ No			
	If yes, please e	xplain:			
2.		ites the type of request: {		olease include <u>name of company or c</u> tance, contract execution, amendme	<u>ontractor</u> and <u>contract control number</u> nt, municipal code change,
				Bertron to the West Colfax Busines 6 OR until a successor is duly appo	
3.	Requesting Agenc	y: Mayor's Office			
4.	■ Name: Antho ■ Phone: 720-8			l ordinance/resolution.)	
5.	will be available for Name: Antho	<i>r first and second readir</i> ony Aragon	ng, if necess		nt the item at Mayor-Council and who
6.	General description	on of proposed ordinan	ce includin	g contract scope of work if applic	able:
	[Insert general	description here.]			
		following fields: (Incom please do not leave bla		may result in a delay in processing.	If a field is not applicable, please
	a. Contract	Control Number:			
	b. Duration:		diately and	expiring October 3, 2016	·
	c. Location: d. Affected (Council District:			
	e. Benefits:	council District.			
	f. Costs:				
7.	Is there any contro	oversy surrounding thi	s ordinance	e? (Groups or individuals who may	have concerns about it?) Please
	[Start typing he	ere.]			
	- 7-				
-	4				•
		To l	be complete	d by Mayor's Legislative Team:	
STI	RF Tracking Number		•	Date 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.

	Signature	Date	Δ
Is there anything that would adverse If yes, please explain on a separate		نَفْدُ ﴿	/20,3
Special Information:	1 CC . 11' C' i	*	2 V- 1
Tracy Huggins	<u> 24. – Wazi ya Kuno sama sana sana</u>	303-534-3872	
Doug Elenowitz	- Section Control of the Control of	303-893-9387	
Dan Shah		303-623-3232	
References (List three persons, not re Name	elated to you, whom you ha Address	ive known at least one year): Phone Number	
Chair, Colorado Fresh Food Financir Denver Food Access Taskforce Create Denver taskforce	ng Fund		
Memberships/ Organizations/ Volun	teer Activities (include pas	t or present):	
Highest Level of Education or Degre	e Earned: <u>Masters</u> Yea	r Completed: 2000	
Denver City Council District No.:		ity (Optional)	
Are you a registered voter? Yes			4n
Home E-mail Address:			
Home Phone: <u>303-331-837</u> 3	Cell Phone/ Pager: 7	20-201-7248	
Home Address: 1145 Gaylord St.	City: <u>Denver</u>	Zip: <u>80206</u>	
Work Phone: <u>303-336-0840</u>			
Work E-mail Address: <u>cbertron@ef</u>			
Work Address: 475 17th Street, Suite	e 1330 City: <u>Denve</u>	er_Zip: <u>80206</u>	
Occupation/Employer: Senior VP.			
ast Name: Bertron First Na	ame: Cameron		